

**STRESS IN MANAGERS  
IN THE HOTEL INDUSTRY  
IN MAURITIUS**

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## **Abstract**

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Stress in Managers in the Hotel Industry in Mauritius

Keywords: Work-related Stress; Hotel Industry; Human Resource Management; Health

Work-related stress is a hindrance to the quality of working life.

Stressful circumstances occur when individuals are no more able to handle, manage and cope with difficult situations. Events and situations are themselves not inherently stressful; it is the capability of people to face these situations and handle these effectively which will cause less or more stress.

Hotel operations have to compete by constantly offering an increasingly better comparative product and service. Being at the centre stage, hotel managers, therefore, have to respond to this challenge. The exigencies of the tourists and of the industry are exerting additional pressures on hotel managers.

The main findings of this study carried out from the human resource management perspective indicate the following: pressure from work

and from both occupation-home and home-occupation interfaces do not have a positive influence on hotel managers' psychological health.

However, there is a positive effect of work on both the occupation-home and home-occupation interfaces and of manager interests and hobbies on the health and home-occupation interface.

Potential areas of future research are identified and new research directions are proposed.

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## **Dedication**

I dedicate this work to my wife Nalini who has been my unflinching support and source of inspiration and encouragement from the inception of this work to its final fruition and completion.

I also dedicate this work to my daughter Henna and my son Neel who have been my inner source of strength.

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# CHAPTER 1: GENERAL INTRODUCTION

## Outline of Chapter One

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### 1.1 Background of the Research

The introductory chapter on stress in hotel managers in Mauritius sets the general scene and background for the research.

The recent years have been marked by a substantial and considerable growth in the tourist and hospitality industry worldwide (World Travel and Tourism Council – WTTC 2018). Despite major setbacks such as war and epidemic diseases in some countries, climate change, terrorism and natural disasters, the international tourism, hospitality and leisure industry continues to be one of the fastest-growing sectors within the global

economy (Baum 2006; Johanson et al. 2010; WTTC 2012; 2017; 2018).

Travel and tourism and the quest for leisure have become a popular trend and a new lifestyle for many people all over the world (WTTC 2017). As a result of this new development, the hotel and hospitality trade has to respond to the challenges and requirements of this modern phenomenon. The provision for appropriate accommodation and lodging and other related facilities to the holiday-makers and other types of tourists and travellers all year through have now become an imperative (United Nations World Tourism Organisation - UNWTO 2015).

Despite all the potential benefits – economic, social and financial, it is unfortunate that the expansion of economic activities in the tourist and hotel industry bring along additional pressures to the already existing workload and responsibilities of managers in this sector; this implies that the accruing benefits also have possible direct and adverse effects on the hotel managers (European Agency for Safety and Health at Work – EU-OSHA 2008).

This situation has brought along an imbalance between the demands of the hotel industry and the ability of managers to cope and respond accordingly, indicating that work-related stress may be on the increase in this industry (Brymer et al. 1991; Zohar 1994; O'Neill and Davis 2011 ).

In some instances, there has been a negative incidence on personal health, resulting in illnesses and an increase in family issues/breakdown among hotel employees (Anbazhagan et al. 2013).

As a tourist island destination, Mauritius is no exception to this new and growing worldwide phenomenon; hence, Mauritius is continually improving its infrastructure, hosting capacity and product offering in view of being able to host an increasing number of visitors (Mauritius National Assembly 2010).

The overall position and importance of the hotel and tourism industry in terms of foreign direct investment, revenue generation, contribution to the gross domestic product and employment creation (both direct and indirect) all contribute to shape this industry as a major pillar of the economic landscape of the country (World Bank 2011).

The recent decision of transforming the country into a duty free island state economy as one of the policy measures of the Mauritian Government's tourism strategy is expected to propel this industry to new heights in the coming years (Ministry of Finance and Economic Development 2015). It is also the vision and mission of the Government to promote "sustainable, inclusive, responsible, responsive and resilient tourism" (Ministry of Tourism 2018). It is expected that the strategic intent of the Mauritian Government will boost up and positively impact the tourist industry in terms of tourist

arrivals, thereby increasing the volume of tourist-related activities, with all the underlying multiplier effects, both positive and negative (Archer et al. 2005).

With the new policy direction and on-going development in the industry, whereby a customer-centric approach is being adopted (Ministry of Tourism and External Communications 2015; Mauritius National Assembly 2011), the nature of work in the hotel industry is changing.

The rapid expansion and growth of the local tourist and hotel industry are a contributing factor to the increasing levels of pressures and stress being experienced by the management cadres. There are today more pressures on managers and employees to respond to the new business imperatives and exigencies of the client for high quality service.

This research derives from the personal and hands-on experience and interest of the researcher in the tourism and hospitality industry of Mauritius; having actively performed in this sector at senior management level, the researcher has been closely associated with this economic activity during a critical stage of its development for some nearly 20 years.

In the capacity of Human Resources Professional of a leading five star hotel, member of a large hotel chain and affiliated to an established conglomerate on the island during a period coinciding with the critical stage of rapid development and expansion of the local hotel and tourist industry, the



researcher has grounded knowledge and experience of the challenges of this industry and has been closely involved and associated with the sourcing and recruitment, development, retention and well-being of senior and middle managerial staff.

#### *1.1.1 Signs and Evidence of Increasing Work Pressures*

Through professional encounters and personal interactions, exit interviews as well as structured discussions with peers, senior and middle managers in the hotel industry in Mauritius over the years, the researcher became aware of the personal plight and dilemmas of those who work behind the scene of what is perceived in general as the “thrill and glamour” of the hotel resort environment.

It became evident to the researcher that certain issues pertinent to the hotel and tourism industry such as long and undue working hours, specific workloads and work demands, disruptive family and social life were gaining ground and could possibly have a negative impact on the psychological health and wellbeing of managers.

Findings from staff appraisals and reviews revealed lack of interest, low enthusiasm and engagement among middle and senior managers which were pointers and signs of work fatigue. Moreover, key performance indicators (KPIs) indicated low productivity amongst employees.

All of these are possible signs that work-related stress in managers may be on the rise and is becoming a subject of growing concern. The study is, therefore, supported by the researcher's own observations and knowledge of the work environment, psychological health and well-being of managers in the hotel industry in Mauritius.

## **1.2 Reflexivity in Research**

The practice of incorporating the researcher's perspective in the design and interpretation of data has now gained currency in research (Patnaik 2013). Gentles 2014 states that the general objective of reflexivity is to increase transparency and trustworthiness in research. Reflexivity as a research method refers to the attitude of attending systematically to the context of knowledge construction, especially to the effect of the researcher, at every step of the research process. As such, subjectivity arises when the effect of the researcher is ignored.

According to Berger (2013), reflexivity is viewed as the process of a continual internal dialogue and critical self-appraisal of the researcher's positionality as well as an active acknowledgement and explicit recognition that this position may affect the research process and outcome.

Malterud (2001: 483-484) submits that "a researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered

most appropriate, and the framing and communication of conclusions. Contemporary theory of knowledge acknowledges the effect of a researcher's position and perspectives, and disputes the belief of a neutral observer."

Malterud (2001: 484) further states that "the investigator always enters a field of research with certain opinions about what it is all about. Reflexivity starts by identifying preconceptions brought into the project by the researcher, representing previous personal and professional experiences, pre study beliefs about how things are and what is to be investigated, motivation and qualifications for exploration of the field and perspectives and theoretical foundations related to education and interests."

In reality, practitioner researchers tend to recognise and address the "effects" as an inherent part of the research and use reflexivity as a means to monitor the tension between involvement and detachment of the researcher and the researched to advance the rigour of the study and its ethics.

### **1.3 Objectives of the Study**

The main objective of the research is to examine and understand the stress phenomenon as it exists in the hotel industry in Mauritius and, more specifically, in managers as a distinct occupational group.

The intention is to shed light on the interaction between the work environment and the manager; hotel managers are known to operate in conditions

characterised mostly by long and odd hours, work intensity and pressures as well as clients' rising demands and expectations which affect the managers' health and well-being (Shani and Pizam 2009; Chiang et al. 2010; O'Neill and Davis 2011).

The study intends to establish the possible relationships between pressures from occupational factors and psychological health and also investigates whether pressures from:

- i) occupational factors
- ii) occupational-home interface and
- iii) home-occupation interface

impact on the well-being and psychological health of the hotel managers in Mauritius. The relationship between hotel managers' interests and hobbies and psychological health as well as between these interests and the home-occupation interface will also be explored.

#### **1.4 Justification of the Research**

This research is justified as a result of the gaps in the existing and current literature (Section 1.5) and which are extensively discussed in Chapter 2.

Given the economic importance of the hotel and tourist industry for the country (Mauritius National Assembly 2015), the problem of work-related stress in hotel managers cannot be left unattended.

As key actors, hotel managers have a critical role since their contribution is a determinant factor for the overall economic performance of the industry. Their morale, health and well-being are, therefore, of paramount significance (Robertson and Cooper 2010).

The importance of this work to the field of work-related stress at large (Section 1.6) and the timeliness of the research for the industry explain and support this current initiative to examine this subject for a thorough and informed understanding and in view of any future appropriate preventive actions.

## **1.5 Gaps in Existing Research**

As stated in Section 1.3, and despite the fact that there is quite an extensive volume of research in the field of stress, there have not been many studies in the area of work-related stress within the tourist and hotel industry which focus specifically on its middle and senior managers.

There is also no work which has been carried out so far on work-related stress in managers of the hotel industry in Mauritius. The research aims at addressing the gap in the existing literature in the field.

## **1.6 Importance of the Research**

The research is warranted in view of the economic importance of the tourist industry in the local economy; this is accentuated by the expressed ambition

of the Government regarding this industry (Ministry of Finance and Economic Development 2015; Mauritius National Assembly 2010; 2015).

The strategic role of hotel managers in the sustainable development of this industry cannot be overlooked (Kusluvan et al. 2010; Wirtz and Jerger 2016); the possible effects of the rapid growth of the sector on the individual managers and their health need to be assessed.

The importance of this research and examination of the problem of work-related stress in hotel managers can also be viewed in terms of the expected contributions to the extant literature as well as to management theory and practice at large.

## **1.7 Intended Contribution to the Literature**

While addressing the gap and shortcoming in the literature, this study intends and contributes to enriching the research literature on work-related stress in managers of the hotel industry - a subject which, so far, has been under-researched. This is considered as an important milestone for a better understanding of the realities and pressures of the working environment in the tourist and hotel industry.

It further intends and contributes to enhancing the knowledge of the work environment in the hospitality sector and its impact on the managers' psychological health and well-being.

## **1.8 Intended Theoretical Contribution**

Once the relationships based on empirical evidence and findings among the main variables (occupational factors, occupation-home interaction, home-occupation interaction, manager interests and hobbies) would have been established, there would be a sound theoretical baseline and foundation which would contribute to a better appraisal of work-related stress in hotel managers.

The theoretical foundation and model is then expected to contribute to both management theory and practice.

## **1.9 Intended Managerial Contribution**

The empirical observations and findings should be of interest to hotel establishments and to management policy and practice in the sector.

This study can help hotel operators as management practitioners to acquire relevant knowledge of the specificities of the work environment in the industry and its incidence on their health, well-being and performance.

Hotel management can be guided by the findings to review and streamline existing work processes and re-assess the occupational factors for a healthier and more conducive work environment. Informed preventive measures to mitigate the potential impact of work-related stress at other levels of the hotel organisation can also be deployed.

Management can then initiate and commission further training and development in specific areas such as coping effectively with stress at work and resilience in view of acquiring and equipping itself with the relevant skills in the field.

Such actions and initiatives will contribute to enhancing managerial capability and effectiveness which have a direct bearing on the organisational outcomes and overall performance.

#### **1.10 The Scope of the Research**

The study, which is undertaken from a human resource management perspective, looks at hotel managers as the main subject and focus of the research.

In line with the research area of interest, this work sets out to examine the following main dimensions and variables retained in the final questionnaire for the main study:

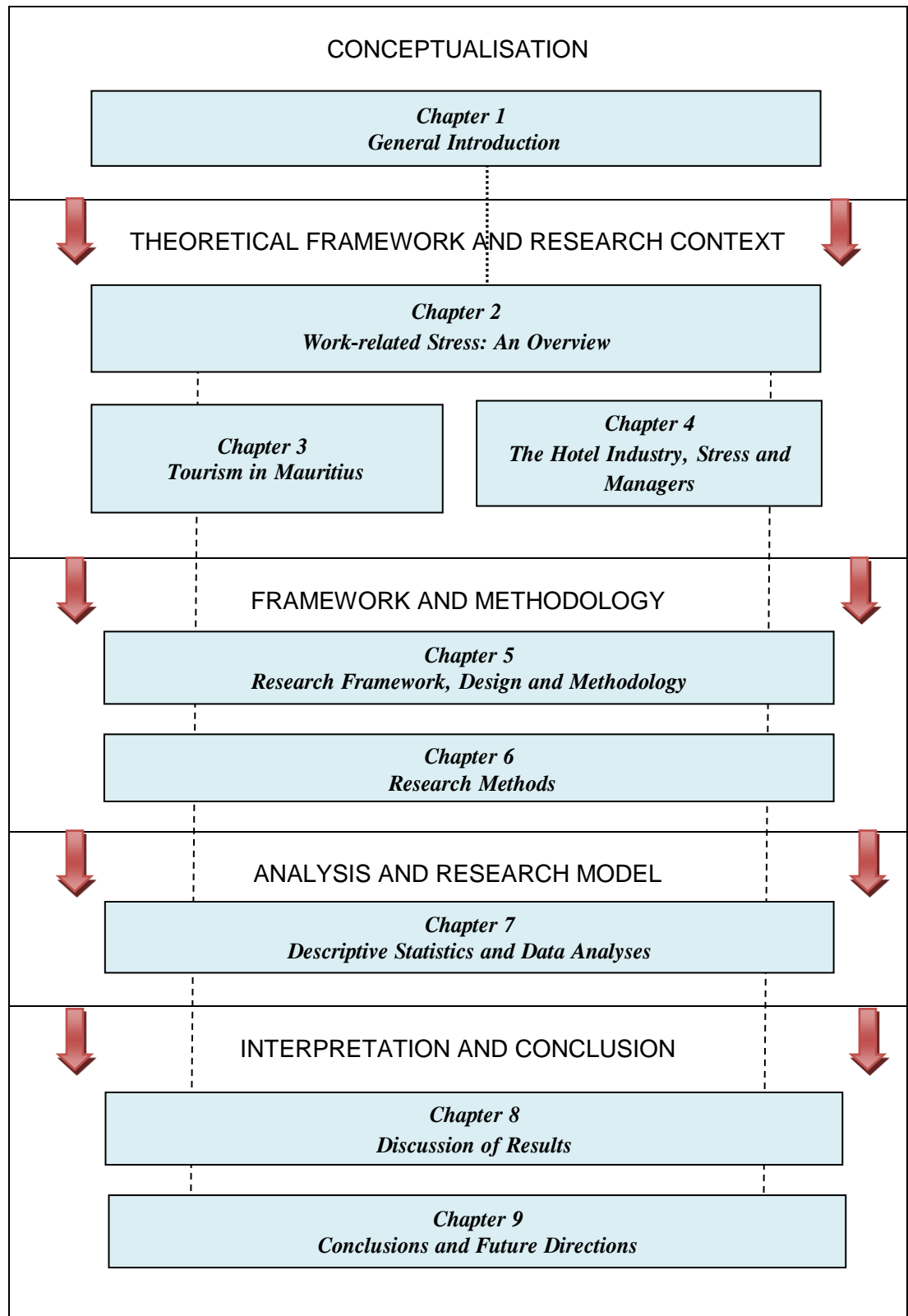
- General Health of the Hotel Managers
- Occupational Factors
- Occupational-Home Interface
- Home-Occupational Interface
- Manager Interests and Hobbies



### **1.11 Structure and Outline of the Thesis**

Figure 1 refers to the overall structure and outline of the research which unfolds as follows:

Figure 1: Research and Thesis Structure



#### *1.11.1 Conceptualisation*

##### **Chapter 1: General Introduction**

The study of stress in managers in the hotel industry of Mauritius starts with a description of the background stating the objectives and importance of the research, highlighting the gaps in the literature, and explaining the expected contribution. The research problem and scope of the study are also stated.

#### *1.11.2 Theoretical Framework and Research Context*

##### **Chapter 2: Work-related Stress: An Overview**

A general overview of stress at work is subsequently presented with the different contributions, views and interpretations and the definition that will be adopted for the purpose of this study. The causes and effects of work-related stress are discussed with indications of the cost as well as the health and performance implications. A perspective of work-related stress in some related professions and developing countries is also provided.

##### **Chapter 3: Tourism in Mauritius**

Following a short introduction to international tourism, and for further research contextualisation and location, the tourism industry in Mauritius is then examined. The importance of the industry to the Mauritian economy as well as the challenges ahead are then highlighted and discussed.

#### ***Chapter 4: The Hotel Industry, Stress and Managers***

This chapter examines the nature of hotel work and occupational pressures with their possible repercussions on managers' health. The role of the hotel manager is explored and work-related stress in the hotel industry and its managers are analysed. This is followed by the contextualisation of stress within the human resource management (HRM) framework. The research direction and intent are discussed.

##### *1.11.3 Framework and Methodology*

#### ***Chapter 5: Research Framework, Design and Methodology***

The research need, rationale and philosophy as well as the research objectives, strategy, design and methodology are then explained and documented.

#### ***Chapter 6: Research Methods***

The questionnaire development, design, and content, pre-testing, piloting and interviews as well as the data sourcing and collection methods and access are discussed in this chapter.

##### *1.11.4 Analysis and Research Model*

#### ***Chapter 7: Descriptive Statistics and Data Analyses***

This is followed by a summary of the participants' biographical details, descriptive statistics, the data analyses carried out, and the presentation of the results and findings of the research. The results of the structural model as well as the hypothesis testing are presented.

#### *1.11.5 Interpretation and Conclusion*

### ***Chapter 8: Discussion of Results***

The results and interpretation of the findings of the research study are described and discussed in this chapter in line with the research objectives and the stated hypotheses. The implications for management and the industry are also discussed.

### ***Chapter 9: Conclusions and Future Directions***

The final chapter summarises the research findings and their contribution to the literature and management. It also makes recommendations on the way forward and possible future research directions to better manage the stresses of modern working life in the hotel industry in Mauritius and, possibly, in other similar and comparable settings.

## **1.12 Chapter Summary**

This introductory chapter focuses mainly on the background, objectives and justification of the research, highlighting the gaps in existing research and emphasizing the importance of this study on work-related stress in managers of the Mauritian hotel industry.

The intended contribution of the research to the literature on the subject, and its intended theoretical and managerial contribution are also explained.

The research area and scope are put forward and the research is structured in such a way as to better understand and unfold the phenomenon of work-related stress in managers in the hotel industry in Mauritius.

The following chapter consists mainly of a review of the relevant literature which “opens up” the study and informs the working definition of work-related stress to be used for this study; it also discusses the possible effects of stress on managers’ health and provides an overall view of the status in other professions and in developing economies.

## **CHAPTER 2: WORK-RELATED STRESS: AN OVERVIEW**

### **Outline of Chapter Two**

2.1	Introduction and Structure of the Chapter
2.2	Literature Review
2.3	Discussion and Definition of Stress
2.4	Sources and Causes of Work-related Stress
2.5	Costs, Effects and Impact of Work-related Stress
2.6	Stress, Health and Performance
2.7	Occupational Demands and Control over the Job
2.8	Stress In Different Occupations and Professions
2.9	Stress in Developing Countries
2.10	Chapter Summary

### **2.1 Introduction and Structure of the Chapter**

This core chapter aims at explaining and defining the concept of stress and work-related stress in contemporary life situations.

The different views and contribution of academics and scholars are first examined through a review of the literature and contemporary research in the field to date. This helps to have a better appreciation of the various issues and dimensions inherent in the study of the nature of stress in modern working life; the approach serves as a comprehensive foundation for both the understanding of the stress phenomenon and the working definition of stress which is used throughout this research.

It is important that the sources and causes of stress as well as its effects and impact be identified and assessed; there is clear indication that the problem is becoming acute, highly costly and is causing great harm to people, organisations and society at large (Cartwright and Cooper 1997; EU-OSHA 2014; ILO 2016).

The relevant statistics pertaining to the costs and consequences of stress are examined later in the chapter (Section 2.5).

As this study is centred mainly on work-related stress in managers, the relationship between stress, psychological health and performance is investigated in order to establish the extent to which the individual health of the hotel managers and performance may be at risk as a result of the high level of stress being experienced.

The current state of the problem as it exists in other different occupations and professions is also documented and reviewed.

The last section (Section 2.9) of the chapter reviews the problem of stress in other developing countries.



## **2.2 Literature Review**

In this section, the contribution and views of academics and scholars on the subject of work-related stress are discussed and examined.

### *2.2.1 The Stress Phenomenon*

Stress as a subject of interest has been researched upon in the last 40 to 50 years. However, it is only very recently that stress research has made real advances and that the issue of work-related stress has been explored and addressed seriously. Stress is a word derived from the Latin word “stringere” meaning to draw tight, and was used in the 17<sup>th</sup> century to describe hardships or afflictions (Cooper et al. 1988).

Stress is increasingly being referred to as a workplace phenomenon which is negatively affecting a growing number of people across the world (Cox et al. 2000; WHO 2007b). Despite progress in research in the field, too few employees, managers and industry leaders really gauge the importance and severity of the stress problem and its incidence on people’s health and well-being (Dewe et al. 2010).

This study is concerned largely with the stress in hotel managers in their every day’s work and not with the stress caused by sudden, traumatic events or with the management of post-traumatic stress disorder.

The stress phenomenon is now being studied worldwide by many scholars and subject matter experts in the field; it has become a real concern to policy makers and corporate leaders in recent years because of its potential harmful effects to people's health. However, this interest and concern is, unfortunately, confined and limited, so far, to only some specific geographical regions of the world.

Several studies are also being carried out by well-established international institutions which are examining the nature and causes of stress and assessing its implications and consequences. The two United Nations (UN) agencies, namely the International Labour Office (ILO) and the World Health Organisation (WHO) have undertaken numerous studies in the field to highlight the alarming rate at which the problem is increasing (ILO 1983; 1984; 2001; 2003a; 2003b; 2012; 2013; WHO 2003a; 2003c; 2004; 2007).

At the European level, both the Dublin-based European Foundation for the Improvement of Living and Working Conditions (Eurofound) and the European Agency for Safety and Health at Work (EU-OSHA) headquartered in Bilbao, Spain have researched on the subject and are providing relevant insights and evidence regarding the degree and intensity of the problem in today's modern society (Eurofound 2005; 2010; EU-OSHA 2013; 2015).

Within the European Union (EU) itself, there are now specific directives which have been published and issued on the subject based on the experience of

member countries to date (I-WHO 2008; WHO 2010).

In the UK, centres of learning and research, such as the Health and Safety Executive (HSE), the Work Foundation, the Chartered Institute of Personnel and Development (CIPD), amongst other organisations, have published independent or joint reports and papers on the subject (HSE 2008; 2009; 2017; The Work Foundation 2007; CIPD 2007; 2008; 2009; 2015; 2018).

In addition to the nature, pressure and challenges of modern contemporary life, specific work and life circumstances and experience can and do have an impact on employees and on their overall well-being, health and performance (Cox 1978; Sutherland and Cooper 1990; Ostell 1988).

Work-related stress is among the most commonly reported causes of illness by employees affecting more than 40 million individuals across the European Union (Eurofound 2007; 2010).

Stress is a complex subject; the intention here is to review the different views and interpretation of stress over the recent years and progress in the field since Selye's (1956) seminal statement so as to shape and frame the understanding of the concept and understand how it impacts organisational life.

According to Selye (1956), the word stress, like success, failure or happiness, means different things to different people and no one has really tried to define it. Stress has been referred to as the non-specific (physiological) response of the body to any demands made upon it (Selye 1950; 1956). The subject of stress is here explained in terms of the response and reaction that the person will have in the presence of any demands or external requirement or constraint.

Selye (1946) referred to the General Adaptation Syndrome (GAS) which consists of 3 stages encountered by an individual in stressful situations.

These are, namely:

1. the alarm reaction – during this phase, the initial shock phase of lowered resistance is followed by counter-shock with the individual's defence mechanisms becoming active
2. resistance – this is the stage of maximum adaptation when it is expected there is successful return to equilibrium for the individual. However, if the course of stress continues or the defence mechanism does not work, the individual will move on to the third stage
3. exhaustion – this stage is reached when all adaptive mechanisms collapse.

This implies that there is a build-up and phased process in such situations and that the problem may worsen, if it is not addressed in time. The HSE

(2004a) defines stress as “the adverse reaction people have to excessive pressure or other types of demand placed on them”. Hence, people will react adversely and unfavourably to a given and specific situation deemed to be taxing and excessive – that is, the reaction when the demands or pressures are exceeding their capacity to accommodate and effectively deal with the demands of the situation.

Such situations or demands are normally characterised by the “stressor” which is the cause or antecedent of stress and the “strain” which is the consequence of the pressure-stress process. The way the person relates to and interacts with the situation will determine the nature and extent of the strain (Chen and Spector 1991; Burke et al. 1993; Spector and Jex 1998).

Stressful situations are characterised by excessive and persistent pressures; stress is the reaction that people have when confronted with excessive pressure and other types of demand placed on them and it arises when they worry that they cannot cope (Cooper et al. 1988).

Research supports the view that pressures are tolerable up to a certain point and can even be beneficial; however, it is when the pressure is excessive that it becomes a potential threat to health (HSE 2001).

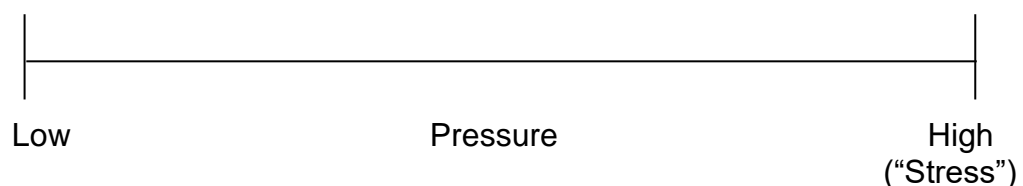
The CIPD (2009) takes the argument further by distinguishing between pressure as a motivating factor and stress which is the consequence when

pressure has been allowed to build up and accumulate to the point of becoming excessive, overwhelming and unbearable (McEwen and Stellar 1993).

The debate that not all stress is dysfunctional is supported by Davidson and Cooper (1983) who argue that a limited amount of stress combined with appropriate responses can actually benefit both the individual and the organisation. This view is shared by Faulkner and Patiar (1997) who state that the stress factor can, in fact, help to increase employees' alertness and mobilise their adaptive capabilities.

Figure 2 shows the possible continuum, for continuous, persistent and excessive pressure which gradually builds up to eventually result, if not controlled and managed, in high pressure or 'stress.'

Figure 2: Pressure-Stress Continuum



Though psychological stress itself is not reckoned as an illness or a disease (EU-OSHA 2002a), it is generally believed that if stress becomes too excessive and prolonged, physical illness may develop. Stress is a state which is accompanied by physical, psychological or social complaints or dysfunctions (HSE 2001).

The following are the main signs and different symptoms of stress (HSE 2004a).

Table 1: Signs and Symptoms of Stress

Negative or depressive feelings
Disappointment with oneself
Increased emotional reactions – sensitive/aggressive
Loneliness, withdrawn
Loss of motivation, commitment and confidence
Mood swings

Source: HSE 2004a

According to the HSE, the main emotional symptoms are:

Table 2: Emotional Symptoms

Confusion, indecision
Can't concentrate
Poor memory

Source: HSE 2004a

Both physical and mental symptoms of stress have been identified by doctors and these are stated as:

Table 3: Physical and Mental Symptoms of Stress

Physical	Mental
▪ Over-eating or loss of appetite	▪ Constant irritability
▪ Frequent indigestion or heartburn	▪ Apathy
▪ Insomnia	▪ Difficulty in making decisions
▪ Constant tiredness	▪ Loss of sense of humour
▪ High blood pressure	▪ Poor concentration
▪ Frequent crying or desire to cry	▪ Excessive concern about physical health
▪ Nervous twitches	▪ Withdrawal and day dreams
▪ Breathlessness or panic attacks	▪ Excessive and rapid mood swings
▪ Inability to sit still without fidgeting	▪ Anxiety
▪ Muscle tension/headaches	▪ Inability to feel sympathy for other people
▪ Tingling in arms and legs	▪ Suppressed anger.

Source: Cooper and Cartwright 1996

Table 4 summarises the mental symptoms which refer to the changes in a person's/group behaviour, that is, changes in behaviour linked with excessive pressures and their respective manifestations.



Table 4: Mental Symptoms of Stress

<p><b>Work Performance</b></p> <p>Inability to concentrate Lack of enthusiasm Declining/inconsistent performance Accidents Increased time at work</p>	<p><b>Emotional Behaviour</b></p> <p>Crying Aggressive behaviour Over-reaction to problems Sudden mood changes Irritability/moodiness Personality clashes</p>
<p><b>Withdrawal</b></p> <p>Arriving late and leaving early Extended lunches Absenteeism Resigned attitude</p>	<p><b>Relationships</b></p> <p>Criticism of others Lack of co-operation Marital or family difficulties Poor employee relations</p>

Source: Cooper and Cartwright 1996

These above signs and possible changes in behaviour patterns must, therefore, be identified and detected before they worsen i.e. eliminating and/or preventing the causes at source. The HSE sustains that it may be that some action taken at an early stage will ease the stress, reduce or stop the symptoms.

Long term pressure can lead to physical and psychological influence or may make existing medical conditions worse such as heart disease (House 1974; Herbert and Cohen 1994).

In fact, in some contextual set ups, “too little” pressure or “too much” pressure can both be sources of stress and so neither of the two models are really

helpful to the individual. The salient point is that stress is determined by how the person appraises and relates to the situation or problem. The significance and meaning of the event, rather than the event itself, is central to the assessment of stress. (Lazarus et al. 1976).

According to the HSE, the person's assessment/appraisal of the event or situation depends on various factors as described in Table 5.

Table 5: Factors influencing a Person's Appraisal

○ his background and culture
○ his skills and experience
○ his personality
○ his personal circumstances
○ his health status
○ his ethnicity, gender, age or disability
○ other demands both in and outside work
○ his perception of (and subjective view) of the world around him

Source: HSE 2004a

Stress as a reaction to events or experiences at work may result from a number of circumstances and not all people perceive and react to situations and similar stimuli in the same manner (Averill 1973; Lazarus 2006).

A number of factors can explain some of the individual differences in susceptibility to pressure:

Table 6: Factors - Individual Differences

Competence in doing the job
Lifestyle
Personality
Ability and opportunity to relax
Personal susceptibility
Support and training at work
Physical health and fitness
Support from family and friends.

Source: Author

Stress reactions may result in a disturbance in:

- thought
- moods (anger, guilt)
- behaviour
- physical disorders.

Reactions are related to arousal and involve feelings of anxiety, a racing pulse, flushing, sweating, a dry mouth and trembling; and if the pressure persists over a longer period, these could include different possible reactions and observable signs that suggest there may be a stress problem (Herbert and Cohen 1994; Kleinknecht 2013).

Table 7: Possible Stress Reactions

Headaches
Inability to sleep

Skin conditions
Sudden loss or gain in weight
Aching muscles
Depression

Source: Author

But stress may not always be manifested through some form of reaction or response; some people may not react and respond overtly and openly. So, the way a person reacts to job stress is a function of both the stress he encounters and the type of person he is (French and Caplan 1972).

Therefore, the manner the situation is being perceived, appraised and related to will determine whether it is 'stressful' as well as the degree of stressfulness of a given situation.

Stress affects different people in different ways and to varying degrees, indicating that the effects will greatly depend, first, on the person and his personality, and on the situation or environment (Ebstrup et al. 2011). The importance of both personality and individual differences in the stress process must be underlined as those variables will influence coping and health behaviours (Cooper and Payne 1991).

The way a person reacts and responds to a situation or problem depends upon both his capability and available resources as stress occurs when there are demands on the person which tax or exceed his 'adjustive resources'

(Lazarus 1966; 1976). The absence of resources and coping ability will make it very difficult for the person to overcome the problem.

To a great extent, people create their own stress by the choices they make and by their behaviour or response to specific situations – therefore, they may have to reassess both the quality of their response and the resources available to them to handle and cope with those situations (Folkman 1984).

In this sense, stress is subjective and what may be perceived as being stressful for one person may not be interpreted in the same way by another person; therefore, the patterns of reaction differ from one person to another, meaning that not all people react to situations deemed to be different and stressful in the same mode and manner (Scheier et al. 1986; Carver et al 1989).

“The emphasis in all the definitions is on individual perceptions and reaction... the stress reaction of an individual will depend on how he perceives (consciously or unconsciously) the significance of a harmful, threatening and challenging event and whether he perceives that he has the resources to cope with it. A whole range of different factors including working environment, past experiences and personality will influence the appraisal” (Robertson Cooper 2008a: 1). So, individual perception and values are significant in one’s assessment or appraisal of a difficult situation or event.

A person experiences stress when he perceives that the demands of his work are greater than the ability to cope - the degree or extent of stress being a function of the person's own assessment of his resources and his ability to effectively handle the situation (WHO 2004; ILO 2016).

Uncontrolled stress can lead to severe problems; if coping is not available, stress is likely to undermine health, well-being, decision making, performance, efficiency and organisational effectiveness (Lovallo 2016). Thus, stress may result in a person becoming distressed and a degradation and decline in performance (Cox 1978).

It can, therefore, be established that there exists a dynamic relationship between stress and physical and psychological health, and that any impairment to well-being resulting from stress will influence the individual's ability to deal with future stress (Robertson Cooper 2008b). In this context, stress is perceived as being a threat to the quality of life, and the physical and psychological well-being of managers and employees (Cox 1978). Sections 2.3, 2.4 and 2.5 will address and examine the possible causes and effects of stress in a more detailed manner.

The underlying reality is that there are clear signs that the problem is on the increase; currently, stress is recognised worldwide as a major challenge to the individual's mental and physical health as well as to organisational health (ILO 1986; 2016).

### *2.2.2 The Interactional and Transactional Views*

The early research on stress focused mainly on personal attributes and subjective characteristics rather than the characteristics of the situation. However, in recent years, definitions have had a tendency to converge around a definition that explains stress as an interactive psychological state or process between the individual and the situation (Ostell 1992; Di Martino 1992; Cox 1993).

The interactional or transactional approach to the study of stress has gained considerable attention of late. Stress as a construct cannot exist on its own; it is all about how the person who is under stress relates to a particular event or situation, referred to as the 'person-situation' or 'person-environment' fit or interaction. Stress is viewed as the relationship between the person and the environment that is appraised by the person as taxing or exceeding his resources and endangering his well-being (Lazarus and Folkman 1984; Ostell 1992).

Stress is best described overall in interactional or transactional terms. According to Cox and Griffiths (1995), transactional models of stress are among the most adequate and useful definitions.

A basic premise of the transactional view is that most situations and events are not intrinsically 'stressful,' rather people distress themselves by the ways they perceive and react to situations (Cox 1978; Lazarus 1976; Ostell

1991; 1996). In the transactional model, stress is not viewed as an intrinsic feature of the events and circumstances, but rather in terms of the processes that mediate between those events and the consequences of having to react to them (Ostell 1988).

The transactional approach expresses the view that stress arises through the existence of a particular relationship or interaction between the person and his environment (McGrath 1976). It refers to the person's relation and interaction with his immediate environment as explained by a "lack of fit" between the person and his environment (Cox 1978). This lack of fit is characterised by some demand or constraint and the extent to which that demand is stressful depends on the following:

- a) it must be perceived by the "stressee"
- b) it must be interpreted by him, in relation to his ability to meet the demand, circumvent, remove or live with the constraint
- c) he must perceive the potential consequences of stressful coping (McGrath 1976).

The interaction between the person and the general life circumstances bring a new dimension to the debate. According to this model, stress is seen as the perceived imbalance between internal and external demands facing the individual and the perceived ability to cope with the situation, that is, an imbalance between the demands made of him and the resources he has



available to cope with those demands (Hoel et al. 2003).

It is this relation or interchange between the person and the situation which results in that person becoming mentally and emotionally distressed (Ostell 1988).

The transactional model implies that “the experience of stress results from an imbalance between demand, both external and internal, and capability in meeting the demand, when coping is important” (Cox 1978: 150). Thus, psychological stress is transactional in nature (Ostell and Oakland 1995).

The transactional model of stress can be distinguished by the following characteristics:

- state of imbalance between demand and capability
- a person will experience stress whenever he perceives that the demands of his work are greater than the ability to cope
- demands and control – the person has no control over the work demands
- inadequacy in management and coping
- a mismatch or imbalance between demands and pressures, on the one hand, and knowledge and abilities on the other hand
- inability to relate effectively to a given situation
- the way the situation is perceived, appraised, described and how the person will relate to it will determine whether it is stressful

- the degree or extent of stress is, therefore, a function of the person's own assessment of his resources and adaptive capabilities.

Cox and Mackay (1981; 1985) have looked at stress as a perceptual phenomenon arising from a comparison between the demand on the person and the ability to cope.

According to Ostell (1988), psychological stress is best conceptualised in transactional terms and viewed as arising from the ways in which a person deals with the circumstances of life. So, stress cannot be studied in isolation; it is always related to a particular situation or circumstance.

### **2.3 Discussion and Definition of Stress**

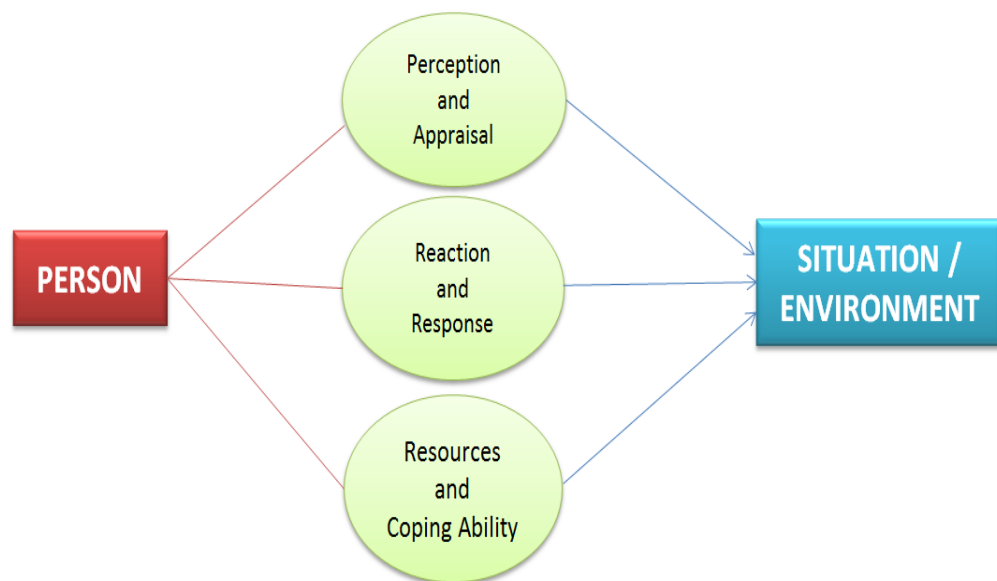
Stress is perceived as a disparity or discrepancy between what a person wants to happen and what is actually happening (Ostell 1986).

Ostell argues that situations are not stressful but rather people upset themselves by the way they relate to situations (Ostell 1992).

From the different contributions and approaches examined in the literature review, there is broad consensus that the conceptualisation of stress and the stress model has to include and incorporate the following 4 core components as demonstrated in Figure 3.

- the person-situation and 'person-environment' interaction
- the reaction and response of the individual to a specific situation or problem
- the person's perception and appraisal of the situation
- the person's resources and ability to cope with the situation.

Figure 3: Physical and Mental Symptoms of Stress



Source: Adapted from Ostell 1996

The above components of the stress model explain the nature of stress and its implications for organisations by highlighting the multi-dimensional nature of the phenomenon. This understanding is critical for the understanding and management of work-related stress.

For the purpose of this research and for the discussion in the ensuing chapters, the following operational definition and interactional approach to

stress will be used and referred to:

“Stress is a state of affairs which arises when a person perceives a situation as being a problem which has significant costs for that person and reacts in such a way to tax or exceeds that person’s coping resources” (Ostell 1995: 6).

Stress is, therefore, a psychological state which arises from the ways that people relate to situations and events and which results in them taxing or exceeding their resources for coping.

The fact is that people are not disturbed and distressed by situations or events per se but by the way they perceive, appraise, relate and react to those circumstances (Cox 1978; Ostell 1991). As stated, situations by themselves and on their own are not intrinsically stressful; it is the perception that one has of the event and the way one relates, appraises and reacts to these situations, given the prevailing conditions, which will determine how the situation is actually viewed and being coped with (Lazarus 1976; Cox 1978; Ostell 1996).

So, the conceptual and operational approach to the study and understanding of stress is subject to the following 5 fundamental pre-requisites:

- the current overall disposition of the person
- these situations and problems could be personal or social or related to work or home

- situations are by themselves not stressful; it is rather the way people relate and react to these very situations
- the way people relate to these situations depends on their capability and resources; not all people react in the same way – as they are not all 'equipped' in the same manner and the level of awareness, knowledge and skill differ and thus, every situation is unique
- people create their own stress which is the result of their own, subjective and perceived views and assessment of the environment and situations around them.

### *2.3.1 Work-related Stress*

Work-related stress falls under the premise of occupational health and prevention. Occupational health, as a discipline, is concerned with understanding the dynamic relations between work, on the one hand, and health, on the other, and with the protection and promotion of employee health by exploiting this understanding (Cox et al. 2004).

Pressures at work have today become inevitable and unavoidable. When these pressures become excessive and cannot be adequately managed, this situation leads to stress.

Stress is increasingly becomingly accepted as a workplace phenomenon affecting a growing number of employees across the world (Cox et al. 2000; Cox and Griffiths 2010). As the economy becomes global and world

competition increases, work pressures rise and these inevitably impact on the day to day role and responsibilities of employees as well as on their health and well-being.

Work stress is, therefore, defined as the harmful physical and emotional responses that occur when job requirements do not match the capabilities, resources and needs of the employee (National Institute of Occupational Safety and Health – NIOSH 2004).

It refers to stress in managers and employees that is caused by the work environment and is associated with work demands and pressures which relate to their experiences and perceptions at the workplace.

The WHO (2003), referred to work-related stress as the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope.

For its part, the EU-OSHA (2002), views work-related stress as stress that is caused or is made worse by work. The working environment and the nature of work itself are viewed here as a potential source and direct cause of stress and are both important influences on health (Marmot and Wilkinson 2006). In fact, stress is perceived in these circumstances as being inherent in work and its processes.

There are 6 factors which may cause and lead to work-related stress and these may be inter-related as shown in Table 8.

Table 8: Factors leading to Work-related Stress

Job Demands	the extent to which the employee is able to cope with and handle the situation
Control	participate and involved in job definition, design and execution
Support	receiving adequate information, support from colleagues and superiors
Relationships	not subjected to unacceptable behaviours
Role	understand role and responsibilities
Change	organisation engages the individual employee frequently when undergoing an organisational change

Source: Adapted from Cooper and Marshall 1976

It is reported in organisations today that excessive work pressures and behaviours are damaging to the mental health and well-being of employees (WHO 2010; ILO 2016; CIPD 2018). Work stress is thought to affect individuals' psychological and physical health, as well as organisations' effectiveness and performance in an adverse manner (WHO 2004; 2007).

Depending on the person and how he manages the stress arising from this interaction, work-related stress may have spill-over effects outside the organisational setting and is, therefore, not confined only to the work

environment; beyond the organisational boundaries, these effects may interfere and impact family or home life.

More and more, stress is by no means just an individual or behavioural health issue with limited or restricted impact. Workplace stress has important consequences also for organisations and the wider economy and society at large (Robertson Cooper 2008a). Section 2.5 of the chapter examines the underlying consequences of workplace stress.

Hence, the next logical stage in the study of work-related stress is to assess how the managers and employees concerned handle those situations which are perceived as stressful, that is their ability to relate to and cope with work and its current pressures and challenges.

If, as the pressures of the workplace increase in the new economic and competitive environment, managers and employees are neither experienced nor sufficiently trained and equipped to handle these situations, it is obvious that the gaps will broaden and it will then become more difficult to relate to and effectively handle such situations. Hence, the ability of managers and employees to cope with changing work situations is central in the study and understanding of work-related stress.

According to The European Agency for Safety and Health at Work (EU-OSHA), work-related stress is experienced when the demands from the work environment exceed the employee's ability to cope with (or control) them (EU-



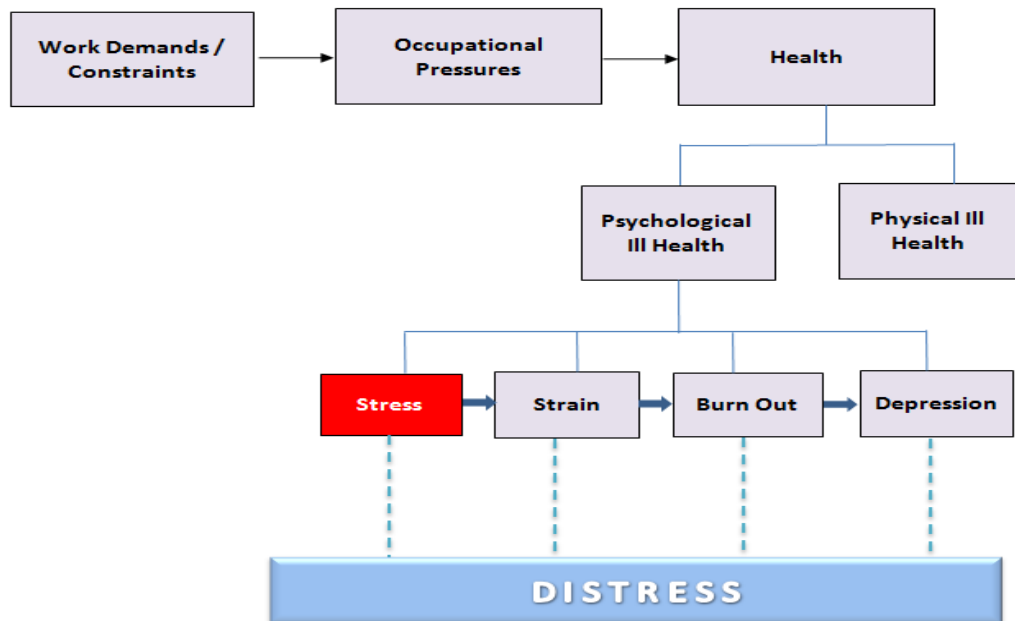
OSHA, 2002a). It is interpreted as a pattern of emotional, cognitive, behavioural and physiological reactions to adverse and harmful aspects of work content, work organisation and the working environment.

At another level, work-related stress is a state characterised by high levels of agitation and distress and often feelings of not being able to cope (Diamantopoulos et al. 2002).

“Work-related stress is the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope” (WHO 2003c: 3). Here the concept is defined in terms of the possible ‘gaps’ or discrepancy in knowledge and abilities as well as in coping ability.

This also explains the position of the HSE (2001), to the effect that work-related stress is “the process that arises where work demands of various types and combinations exceed the person’s capability and capacity to cope.”

Figure 4: An Escalated Model of Work-related Stress



Source: Adapted from HSE 2001

As indicated in Figure 4, stress is the first stage of mental ill-health leading to a state of distress. Psychological distress, as an indicator of mental health, is defined as a state of emotional suffering characterised by symptoms of depression e.g. lost interest; sadness; hopelessness and anxiety, restlessness; feeling tense (Mirowsky and Ross 2002).

The 4 main characteristics of work-related stress are:

- there is too much to handle or cope with - not able and capable to face and handle the situation (there is, therefore, an imbalance, mismatch, discrepancy, disparity, disequilibrium and deficit...)
- personal needs not fulfilled/addressed

- the person is not skilled
- there is a lack of support.

In the light of the different approaches and interpretations, there is evidence to support that excessive pressures and work demands have a high incidence on work-related stress which is a major hindrance to contemporary organisations in all sectors of economic activity - impacting on both the performance outcomes and general well-being and health of employees.

Stress is a critical topic for individuals, organisations and policy makers; thus, work-related and occupational stress is a serious threat to work, productivity, innovation and performance.

In the next section, the sources and causes of stress are discussed and examined in line with the interpretation and definition of the problem adopted for this study in Sections 2.2 and 2.3.

## **2.4 Sources and Causes of Work-related Stress**

The way life has evolved and changed over the recent years – people are having to take on more responsibilities and commitments and being always on the move and busy while being obsessed about achieving and having more of everything altogether bring considerable changes in their value sets

(Bunting 2005). All of these often contribute to increased risks of mental illnesses, such as burn-out, nervous break-downs and depression which are known to be on the rise in many parts of the world.

Part of the explanation may be due to improved diagnosis and better public awareness of mental problems but the fact remains that people are facing increasing pressures and challenges in today's personal and working environment.

Work-related stress has also become more widespread: more and more employees hold temporary jobs, report an intense work pace, regularly work after hours, or do shift work – and they are feeling the strain: about 1 in 5 European workers reports suffering from job-related stress and fatigue (OECD 2008).

There is currently an expectations crisis when more and more is being expected from everybody. The modernity imperatives and having to “keep up” and living up to general expectations and meeting the demands and challenges of the new economic order also contribute to the problem by exerting additional pressure altogether (Lazarus and Folkman 1984; Forkman and Nathan 2011).

The following are some of the recent changes which explain the pressures which employees have to face and live up to:

- Internationalisation, Re-engineering and Change in Ownership:

Economic globalisation has led to processes such as downsizing, re-structuring and cost-cutting which bring along their dose of uncertainty with increasing pressures on people at work and longer working hours as a result (Luthans and Sommer 1999; Grant 2002; Shum et al. 2008).

Public sector reforms, privatisation, re-structuring of ownership or management, takeovers, mergers and acquisitions resulting in change in style of management and leading to an increase in workload and pace of work is also a key cause of stress (Cartwright and Cooper 1992).

- Governance Systems:

Newly proposed governance frameworks and imperatives (accountability/professional standards/deliverables) and performance targets, indicators and measures and tighter time frames which are not always “meaningful” to all employees add up to the already existing pressures at work.

While being laudable, the rules and regulations of greater economic integration and systems (regional economic blocks) have become workplace constraints that inhibit individual authority and control.

- Electronic Communication and Technology:

The increased dependence and reliance today on various types of

electronic communication technologies (internet, e-mails, instant messaging, social media and networking websites) have increased the pace of work and also blurred the line between work and home for many employees making it harder for them to switch off. This also indicates that people are no longer having as many face to face conversations with family and friends that help put life and its problems into perspective (Arnetz and Wiholm 1997; Ayyagari et al. 2011).

- **Work Intensification:**

There have been considerable changes in the nature of employment in the last decades leading to an intensification of work (Green 2001) and an increased prevalence of stress (CIPD Guide 2007). Green argued that work intensity and demands have increased significantly over the recent years. Green identified a number of factors that have contributed to the intensification of work over this period including competitive pressures increasingly being passed on to employees. Work intensification is also caused by the introduction of HR policies designed to encourage greater worker involvement and commitment, including incentives that link effort with pay.

- **Work-life Balance**

With all these changes in the organisational functioning and operations and in personal behaviour, home has become an extension of work. There

is not enough balance and the line of demarcation between work and home has become blurred (Jones et al. 2013).

- Credit Facilities:

Easy access to credit facilities and the huge increase in personal debt over the last few years, concerns over higher costs of living, growing worries over job security against a backdrop of increasing unemployment are also likely to undermine positive mental health and increase stress levels.

- Growing Service Sector:

With the expansion of the service sector in many countries, there are increasing demands and pressure from clients and customers which affect a large proportion of the working population (ILO 2015).

- Change and the Pace of Change:

Change will be the byword of the next millennium. According to Vakola and Nikolaou (2005) and Yu and Lee (2018), it is expected that there will be more and massive organisational change resulting inevitably in additional stress for managers and employees. Change normally brings along an increased workload (lean management leading to fewer people performing more work, putting enormous pressure on them as the new tendency is to do more with less).

The shift from one production mode to another to remain competitive (e.g. the shift from labour-intensive to high tech-industries) requires re-skilling and a need to adapt to the new working environment which are often perceived as being additional source of pressure. Sometimes, the fact that change itself is often about uncertainty and discovering unknown avenues make it difficult for people at work to cope with and adapt accordingly.

There is also a perception of increased job insecurity (Mak and Mueller 2000). As it is observed, stress is primarily caused by the fundamentals of change, lack of control and high workload. Research undertaken by the CIPD (2008) identifies excessive workload and management style as the top two causes of work-related stress.

In organisations and the world of work generally, specific events and circumstances do have an impact on employees and, at times, the effect is greater on management (Huy 2002). In such a situation where managers are more exposed and vulnerable to the risks of work stress, there are direct implications for the crucial management responsibilities such as strategy and policy formulation and options, leadership orientations, decision making, and performance outcomes. In terms of governance, managers are more answerable to the various stakeholders who are known to become increasingly demanding in these difficult economic times.



In fact, the above causes affect mostly the managers by virtue of their role, accountability and expected contribution. Managerial functions and responsibilities evolve and vary in response to the current economic requirements, the latest trends or organisational change and demands – and these realities also apply to those managers in the hotel industry as well.

Whilst these impacts could be positive at times, they are, however, generally of a negative, unproductive and unhealthy nature as they affect managers' psychological health and well-being.

There are other circumstances which influence well-being (Hoel et al. 2001; 2013). Some of the factors that can have an impact on employee well-being are listed in Table 9:

Table 9: Factors Impacting Employee Well-being

Unsympathetic organisational culture
Poor communication between managers and employees
Lack of involvement in decision-making
Excessive workload
Lack of training and development
Bullying and harassment
Continual or sudden change
Insufficient resources
Conflicting priorities
Lack of challenge
Inter-personal relations.

Source: from ILO – Hoel et al. 2003

The problem is likely to get worse in the years to come. The WHO (2007) has summarised the main causes of work-related stress as resulting from the contemporary nature of work itself, the work-home interaction and the personal characteristics as indicated in Table 10.

Table 10: Causes of Work-related Stress

<p><b>Work</b></p> <ul style="list-style-type: none"> <li>○ High work pace, time pressure</li> <li>○ Lack of control (work pace, but also related to physical risks)</li> <li>○ Low participation</li> <li>○ Little support from colleagues and supervisor</li> <li>○ Poor career developments</li> <li>○ Job insecurity</li> <li>○ Long working hours</li> <li>○ Low income</li> <li>○ Sexual and/or psychological harassment</li> </ul> <p><b>Work-home Interface</b></p> <ul style="list-style-type: none"> <li>○ Conflict of responsibilities and roles, particularly for women</li> <li>○ Home is the workplace</li> <li>○ Family exposed to work-related hazards</li> <li>○ Domestic violence, physical assault, rape</li> <li>○ Difficulties in daily life logistics</li> </ul> <p><b>Person</b></p> <ul style="list-style-type: none"> <li>○ Competitive, hostile</li> <li>○ Overcommitted</li> <li>○ Lack of self confidence</li> </ul>
--

Source: WHO, Protecting Workers Health Series No.6:  
Raising Awareness of Stress at Work in Developing Countries 2007

## 2.5 Costs, Effects and Impact of Work-related Stress

This section highlights the criticality and seriousness of this increasingly

alarming problem of modern age and its effects on employee health and working life at large.

For the OECD (2011a), the costs of stress are largely invisible.

Stress at work is a massive problem. Workplace stress is by no means just an individual health or well-being issue - it has direct and important repercussions for corporate entities and the wider economy. According to the ILO (2015), almost 2m deaths are due to fatal work-related diseases, while an estimated 160m people have work-related diseases.

It is stated that approximately 30% of the workforce in developed countries, and possibly even a higher proportion in newly industrialised and developing countries, suffer from work-related stress – and this figure appears to be on the increase (Hoel et al. 2003).

More than 20% of workers from the member states of the EU believed their health is at risk because of work-related stress (EU-OSHA 2005).

Hodgson et al. report that the most widespread workplace hazard in the UK is stress (Hodgson et al. 2006). According to the HSE 2005-2006 Survey, 420,000 employees in the UK experience work related stress at a level they believe has actually made them ill (HSE 2007c). The HSE further reports that 526,000 workers suffer from work-related stress, depression or anxiety.

This occupational health issue accounted for 12.5m working days lost in 2016-2017 (HSE 2017a).

In the recent CIPD survey (CIPD 2018), nearly two-fifths of respondents report that stress-related absence has increased over the past year and stress is among the medical conditions that account for the most common causes of long term absence.

The above figures and statistics suggest that there is, therefore, substantial economic loss associated with work-related stress. There are direct economic costs to the individuals, industrial organisations and national economies.

According to the ILO (2015a), the total costs of work-related stress amount to approximately 4% of the world GDP per year. It further states that work-related stress costs global society untold billions in direct and indirect costs (ILO 2016a).

The costs of stress to individual employees and organisations can take various forms as shown in the Tables 11 and 12.

Table 11: Costs to Individuals

Loss of income in connection with sickness absenteeism
Reduction in “performance money” (incentives etc...)

Exit from work or retirement
Eventual medication and medical consultations
Effects on private and social life (e.g the price of suffering and personal loss)

Source: ILO 2015a; 2016a

Industries and organisations are known to suffer from work-related stress in the following ways:

Table 12: Costs to Organisations

Sickness absenteeism
Reduced productivity
Replacements costs
Additional retirement costs
Possible damage in production or equipment
Investigation and mediation costs in connection with grievance, compensation and litigation
Potential public loss of goodwill towards the organisation

Source: ILO 2015a; 2016a

Over and above the direct economic costs, there are also the heavy costs of related health care and treatment for society at large as well as the possible litigation costs that must be accounted for in the stress debate.

In addition, the impact of work-related stress is not always stated in economic or financial terms only (Kalia 2002); there are also the social costs of stress

– that is, those costs that cannot be expressed or quantified in economic terms as well as the human costs – costs in connection with accidents and diseases.

Dewa et al. (2007) argue that by emphasising the above costs to individuals, organisations and societies, it is hoped that the parties concerned will assess the huge losses and realise the advantage of investing the necessary time, efforts and money in the prevention and management of these problems.

The consequences of workplace stress are quite wide-ranging. The WHO (2007) has grouped the possible consequences and reactions into four main categories. These are namely the physiological, emotional, cognitive and behavioural reactions as described in Table 13.

Table 13: Consequences of Work-related Stress

**PHYSIOLOGICAL reactions to stress:**

- increasing heart rate
- increasing blood pressure
- increasing muscle tension
- sweating
- increased adrenaline production and secretion
- superficial breathing at higher frequencies

**EMOTIONAL reactions may include:**

- fear
- irritation
- depressive mood
- anxiety
- anger
- diminished motivation

**COGNITIVE reactions may include:**

- decreased attention
- narrowing of perception
- forgetfulness
- less effective thinking
- less problem solving
- reduced learning ability

**BEHAVIOURAL reactions may include:**

- decreasing productivity
- increasing smoking
- increasing drug use and/or alcohol consumption
- making errors
- reporting sick

Source: WHO, Protecting Workers Health Series No. 6  
Raising Awareness of Stress at Work in Developing Countries 2007

More and more, organisations are realising the potential harmful effects of stress in terms of decreased motivation, lowered performance levels and mental and physical ailments that excess stress cause (Eurofound 2010).

The following types of effects on the individual and the organisation have been individually explained (Cox 1978).

- Objective effects - anxiety, fatigue, low self esteem
- Behavioural effects - emotional outbursts, excessive eating and drinking, impulsive behaviour
- Cognitive effects - inability to make decisions and concentrate
- Physiological effects - increased heart rate and blood pressure, sweating
- Health effects - chest and back pains, coronary heart disease, headaches and migraines, skin rash, ulcers

- Organisational effects - low productivity, poor organisational climate.

Cooper et al. (1996) explain the effects of stress on the individual as indicated in Table 14.

Table 14: Main Effects of Stress on the Individual

Mental illness
Coronary heart disease
Certain types of cancer
A series of minor health complaints of a physical or psychological nature, e.g. psychosomatic symptoms, migraine, stomach ulcers, allergies, insomnia, melancholy and apathy, concentration problems, insecurity and lack of initiative

Source: Cooper et al. 1996

According to the Trades Union Congress (TUC) in the UK, stress is a natural reaction to excessive demand or pressure; when people feel pressured, hormonal and chemical mechanisms are triggered in the body and people begin to perspire, blood vessels to the skin constrict, and muscle blood vessels swell, adrenalin and cortisone are released. If that 'tension' cannot be released, the hormonal and chemical mechanisms can have serious long term effects. The effects can be in the following forms:

- Physiological changes
- Physical ill health
- Emotional and mental health process
- Psychological conditions



- Symptoms
- Health-damaging habits.

Physiological changes appear such as dry mouth and throat, butterflies in the stomach, moist palms, flushed face, pounding heart and muscle cramps.

“Stress causes changes in physiological state which may be well within the range of normal responses. However, some of the changes may be excessive, and some may be damaging. The available evidence suggests that the cost can be high. Stress can and does kill” (Cox 1978:174).

If pressure is prolonged or is too frequent or out of control, physical ill-health problems will occur such as:

Table 15: Physical Ill-health Problems

- appetite loss	- sweat bouts
- comfort eating	- nausea
- weight gain or loss	- back pain
- indigestion or heartburn	- breathlessness
- constipation or diarrhoea	- fainting spells
- sleeplessness	- impotence/frigidity
- headaches	- eczema

Source: Cox 1978

Society's attitude to mental ill-health is very different to people with physical ill-health and add to the pressures on stressed individuals (Brohan et al.

2010). When this is the case, people may try to hide their emotional and mental symptoms, not asking for help until their problems are seriously out of control (Brohan et al. 2011).

The meaning of an event to the person shapes the emotional and behavioural response (Lazarus and Folkman 1984).

Psychological conditions are triggered by prolonged stress and include fatigue, anxiety, depression, hostility and aggression, psychosomatic complaints and neuroses.

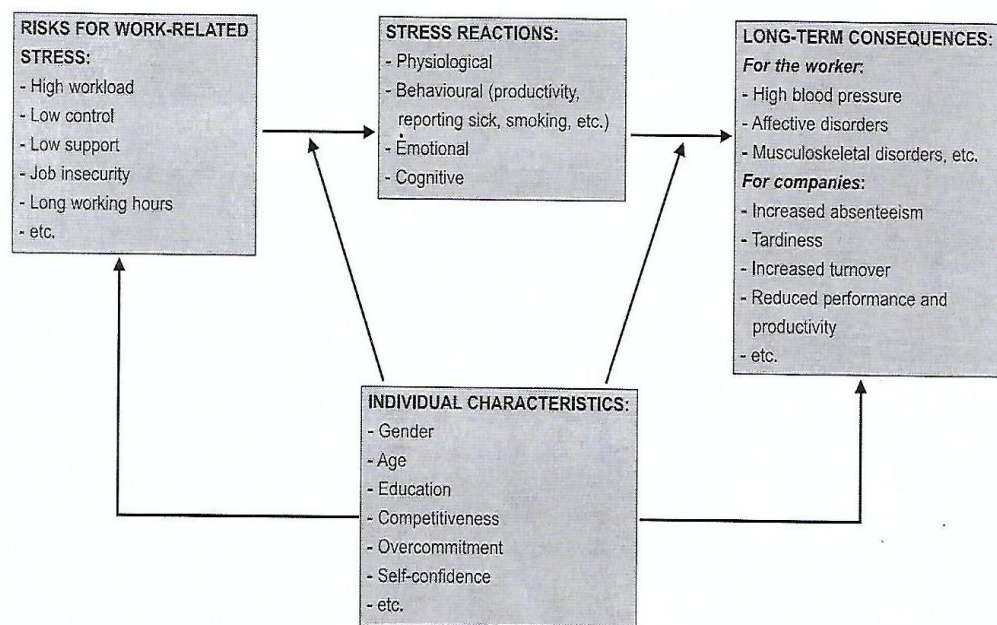
Stress research has frequently found that stress is likely to manifest itself behaviourally and attitudinally. People become disinterested, disconnected and adopt a “laissez-faire” attitude. The typical outcomes of stress are reduction in job satisfaction and commitment to the organisation, poor life-style habits e.g increased smoking and alcohol consumption, less attention to good diet (Cooper et al. 1996). There is also evidence that when individuals are experiencing high levels of stress, they are more likely to have or cause an accident. This may be due to poorer concentration, forgetfulness, reduced motivation or other stress-related mechanisms.

The effects of stress on the organisation are in the form of greater sickness absenteeism, impaired performance and productivity, higher turnover rates and “presenteeism”, defined as the loss in productivity that occurs when

employees come to work but function at less than full capacity because of ill health (Cooper and Dewe 2008; Biron and Saksvik 2009).

The long term consequences of work-related stress for the individual are indicated in Figure 5.

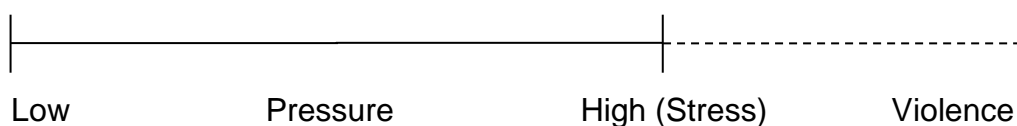
Figure 5: Model of Causes and Consequences of Work-related Stress



Source: Eurofound 2005; EU-OSHA 2009 (adapted from Kompier and Marcelissen 1990)

There is also the risk of increasing violence at the workplace when performance pressures build up.

Figure 6: Pressure-Stress-Violence Continuum



As shown in Figure 6, the relation between pressure, stress and violence is such that pressures, if uncontrolled, build up into stress which is considered as being the antecedent of violence, that is, the stage just before and when the person feels the burden of life and work.

When considering the effects of stress on society, it is worth underlining the multiple roles that people have as employees, as customers, as patients, as parents, as taxpayers and so forth. Hence, the impact of stress can have multiple costs to people.

The CIPD (2015) reports that occupational stress poses a risk to most business and compensation payments for stress are increasing (through litigation and litigation costs). There is today sufficient evidence that where employees and managers are suffering from high levels of stress, they are less likely to be responsive to customers, service users and other stakeholders.

## **2.6 Stress, Health and Performance**

This section examines the fundamental issue of managers' health and its implications for the workplace.

### *2.6.1 Work-related Stress in Managers and Health*

The focus of the current study is on stress in managers in the hotel and hospitality industry. Prior to discussing more generally on stress and health,

it is essential to review the arguments presented in the work of Quick et al. (2000) which help to understand the importance of having a special consideration to those in leadership roles with regards to the specific work demands they have to cope with.

Research work carried out on top management shows that the latter group can have a positive effect on the organisation's success and this can further contribute to increase wealth (Morris 1995; Geletkanycz and Hambrick 1997). A leadership role can bring along greater income, prestige and other sorts of enviable benefits but it also includes pressures and demands e.g. long work hours, busy work schedules, some of which can neither be shared nor delegated. Those work demands can result in poor life habits such as a lack of exercising or an unhealthy diet.

Health is defined as: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 1946).

Mental health, for its part, is defined as: "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO 2010).

Based on the first WHO definition, mental health is not merely the absence of mental disorders or disabilities.

Both the above definitions refer to well-being; this accentuates the importance of the bio-psycho-social construct and its implications to physical and psychological health.

According to Quick et al. (2000), two set of factors can affect the health of those at the top. There are strength factors which are beneficial to health and well-being. Those strength factors are:

- physical fitness
- executive network (both personal and professional which acts as a safety net in case of crisis)
- stress management skills (relaxation, time management, cognitive/behavioural skills, planning and spiritual disciplines)
- balanced interest in life activities.

On the other hand, health risk factors also have an impact on health and these are:

- work demands and overload
- loneliness of command (leading to social isolation and this creates health risks)
- business crises and failures.

For instance, managing accidents and other crises can have a detrimental effect on all those involved (Rahe 1994; Miller and Rahe 1997).

Health includes four domains (Quick et al. 2000) as mentioned in Table 16.

Table 16: Domains of Health

Physical
Psychological
Spiritual
Ethical

Source: Quick et al. 2000

According to Quick et al. (2000), health has personal and organisational outcomes which are individual vitality (mental and physical vigour), levels of diseases and death, and organisational health (adaptability and flexibility of the organisation and high performance).

Based on this model, it may be concluded that higher responsibilities have implications both for the manager and the organisation. Quick et al. (2000) clearly state that work demands can be detrimental to health. This goes in line with the current study which aims at showing that high levels of work pressure are not conducive to the managers' psychological health.

It is now widely accepted that work-related stress can cause physical and mental disorders (Ganster and Schaubroeck 1991; Kinicki et al. 1996). Fletcher (1998) reports that work-related stress also affects life expectancy. As highlighted by Landy et al. (1994), "worker well-being is intrinsically important" and "instrumentally important to the vitality and health of the

organisation as well as to the management of health care costs”.

The seminal work on work stress and health by Friedman et al. in 1958 shows that the serum cholesterol of accountants rose when nearing the tax deadline and that following this period it went back to normal. This study is important since “there was an objective assessment of a job stressor, physiological outcomes that are implicated in the development of coronary heart disease were measured, and the study was at least somewhat longitudinal” (Ganster and Schaubroeck 1991: 237).

Stress is viewed, across the globe, as a major challenge to individual physical and mental health as well as organisational health (ILO 2016a). In their guide for employers on mental health and stress in the workplace, Cooper and Cartwright (1996) explain how stress has an impact on health and performance. First, stress has an impact on bodily processes by increasing the heart rate and excessive sweating. Stress also brings along psychological changes which influence how individuals feel and behave. Stress can have a role to play in the incidence and development of the under-mentioned illnesses:

Table 17: Effects of Stress on Health

Coronary heart disease
Certain types of cancer
Mental behaviour



Unhealthy living habits (smoking, unbalanced diet, substance abuse etc.)
--

A range of mild illnesses (migraine, stomach ulcers, skin rashes, asthma, impotence, menstrual problems, etc.)
--

Source: Cooper and Cartwright, 1996

Stress may create emotional discomfort or seriously impact well-being but it does not always lead to psychological or physiological disorders. However, when the stressor is present for a while, it can affect the individual's health. In addition, stress can also increase an individual's vulnerability to other sources of stress by negatively impacting his or her coping abilities. The length of exposure to a stressor is important since if it is a short term one, the individual can adopt a coping strategy but when the stressor is continuous and severe the normal physiological reactions to stress (e.g. increased heart rate, increased blood pressure and rapid breathing) can become pathological and this impedes the ability to cope physiologically (Kleber and van der Velden 2009).

#### *2.6.2 Work-related Stress and Performance*

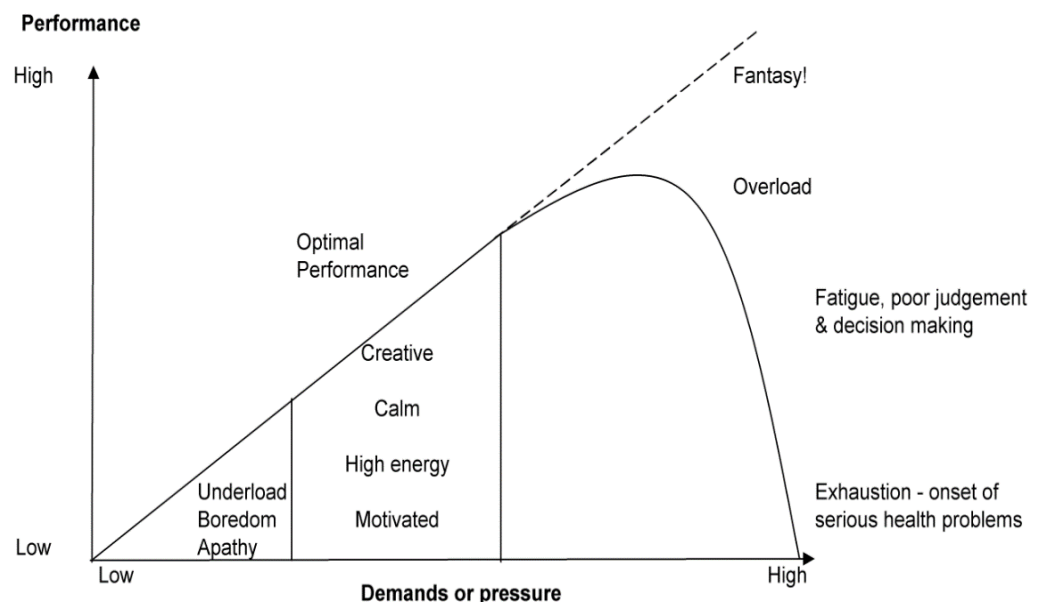
The previous section has highlighted the effect of work-related stress on health.

There exists several costly and dysfunctional ways in which stress and mental ill health at work can manifest themselves; for instance, staff can still come at work and display a range of unproductive behaviours such as showing little concern or interest for the job, becoming poor time keepers, making mistakes

and changing their routine work behaviour by becoming careless and not co-operating. (Cooper and Cartwright 1996; Bashir and Ramay 2010).

Work-related stress also has organisational outcomes such as absenteeism and it reduces productivity (Ganster and Schaubroeck 1991). The relationship between work-related stress, health and performance is not always a clear-cut one since stress affects both health and performance; deterioration in one's health can also impair one's performance (Park 2007; Whitfield and Cachia 2018). Stress may also be implicated in the development and incidence of accidents and unsafe behaviour at work.

Figure 7: Levels of Pressure and Performance



Source: Teesdale and McKeown (1991) in Cooper and Cartwright 1996: 7

Stress can be both positive (eustress) and negative (distress). Eustress and stimulating pressure are good since they act as motivators and allow individuals to remain alert and help to improve performance.

There are two other possible scenarios: one where there is too little pressure or stress and this brings along boredom and apathy; there is also a situation where there is too much stress or pressure where the individual is unable to cope. This excessive stress or pressure impedes performance.

Figure 7 shows a graphical representation of the levels of performance in relation to levels of demands or pressure; it suggests that one's performance is hindered by strain (where there is too much challenge) or boredom (where there is too little challenge). When the work demands or pressure exceed or are well below the worker's resources, he or she experiences undesirable states that have an impact on the quality and quantity of performance and on his or her well-being (Harter et al. 2002). By hindering performance, stress costs millions to companies in terms of health and disability claims, absenteeism, lost productivity and turnover (Mann 1996). Besides impacting companies, stress has negative repercussions also on society at large (Gibson 1993).

Park (2007) reported that, as compared with low strain jobs, those with high strain jobs are more likely to report reduced work activities due to a long term health problem. Likewise, men with high strain jobs were one and a half time

more likely than those with low strain jobs to report a minimum of one disability day over the past two weeks.

Frone (1999) and Brady et al. (1999) argue that there is an association between negative coping behaviours e.g. alcohol, smoking and drug use, and work stress. Those findings show that work-related stress has a direct impact on performance.

However, when social support and coping factors are considered, most factors associated with reduced work activities are no more significant (Viswesvaran et al. 1999). This means that a supportive environment can help to reduce the impact of work-related stress on performance and that the existence of healthy coping mechanisms help not only the employees but also the organisation by alleviating the effect of work stressors or strain.

## **2.7 Occupational Demands and Control over the Job**

### *2.7.1 Demands, Stress and Control*

The hotel industry imposes specific demands which can be very taxing on the managers' ability to cope (O' Neill and Davis 2011; de Gois Leite and de Carvalho 2012). Working hours is one of these demands since the hotel industry sometimes requires long hours, odd hours and shift work. Working hours can impact managers' health. A review of studies on new forms of work shifts shows that there was no shift method which was more favourable but

extended work days should, as much as possible, be avoided in order to reduce fatigue (Poissonnet and Veron 2000). A meta-analysis by Sparks et al. (1997) finds that there is a relationship between long hours of work and ill-health (both mental and physical). Long hours of work have also been reported as negatively impacting psychological well-being (Leonard et al. 1998).

In Japan, a substantial amount of research has been carried out on long work hours and health since many employees over there work for excessively long hours without enjoying their entitled holidays (Blyton 1989). Those studies found out that long hours of work are related to ill health and this also includes heart problems (Sokejima and Kagamimori 1998). In extreme situations, long hours of work have been linked to 'karoshi' which is 'death due to overwork' (Uehata 1991).

Research carried out by the Canadian Research Group has established that being able to choose one's work hours is related to higher performance, greater well-being and is also associated with lower levels of stress and occupational-home interference as compared to employees who are assigned to their work schedule (CARNET 1995). This is closely related to control and the importance of control at work will be discussed later in this section.

Long work hours are also associated with unhealthy life habits such as heavy smoking, inappropriate diet and lack of exercising (Maruyama et al. 1995). This goes in line with Quick et al. (2000), findings which were outlined in Section 2.6.1. The main issue here is that such behaviours lead to health problems. A longitudinal study of employees with long working hours over a 5 year period show that those who report longer working hours are more likely to experience health problems such as hypertension, chronic headaches than those with shorter working hours (Scase et al. 1998).

As mentioned earlier, workers perform better when they are able to choose their work hours (CARNET 1995). In other words, when workers have control over their work schedules it has positive outcomes. In 1989, Sauter et al. concluded that a lack of control at work is one of the most important contributors to physical and psychological strain. Around a decade later, Sparks et al. (2001) reported that job control is an issue since employees perceive a gradual loss of control over the job. Job control is defined as “people’s perceived ability to exert some influence over their work environment, in order to make it more rewarding and less threatening” Ganster (1989) in Bond and Flaxman 2006: 114. This gradual loss of control even affected employees in a managerial position when such positions are normally associated with a certain degree of control (Worrall and Cooper 1998).

Research on animals or human beings has revealed that the presence or absence of control can have serious implications on health and well-being

(Averill 1973; Miller 1979). Similarly, very low levels of control can be detrimental to psychological health while greater control is related to better mental health (Ganster and Fusilier 1989; Evans and Carrère 1991).

Mullarkey et al. (1997) observed that high levels of control was directly related to reduced anxiety and depression and Carayon (1993) found that it was related to reduced psychosomatic health complaints. Besides the impact on health and well-being, allowing employees some level of control over the job can be a source of motivation which will further impact performance and attitudes towards the job. Compared to those who are directed to perform an activity, those who perceive that they are themselves choosing to do so are intrinsically motivated and accept to be personally liable for the consequences of their work (Hackman and Oldham 1975).

Spector (1986) reports that perceived control is positively related to job satisfaction, motivation, commitment, performance and involvement while it is negatively related to emotional distress, physical symptoms and absenteeism. Those findings concur with and were largely guided by Karasek's (1979) job demands-job control model. In an extension of the theory, Karasek and Theorell (1990) propose that employees with higher levels of control have the possibility, when faced with new challenges or new work demands, to look for ways to adjust and cope. If the employee's response to the new demand or challenge is effective, this response can be

added to the worker's repertoire of behaviour. The employee will, under these circumstances, be devising new strategies to perform more effectively. In the long run this will be beneficial to competence, confidence and feeling of mastery which will further have a positive effect on mental health and will counter the potential negative effect of a challenging or demanding job (e.g. depression). With regards to these findings, research has established that job control is related to self-efficacy (Taris et al. 2003) and skill utilisation (Holman and Wall 2002).

In a review on job control, it was consistently showed that control over the job is related to productivity and low levels of stress-related outcomes e.g. psychological distress, irritability, burnout, anxiety, alcohol consumption and psychosomatic health complaints (Lu et al. 1999).

Quite a few theories - job characteristics model (Hackman and Lawler 1971), action theory (Frese and Zapf 1994), demands-control model (Karasek 1979) propose that allowing people control over the job will have a positive impact on mental health or health in general, job satisfaction and performance.

Some longitudinal studies were carried out to provide empirical support to these theories. Low levels of control were found to predict new reports of coronary heart disease in civil servants based in London (Bosma et al. 1997). Higher levels of control have a positive impact on mental health, job



satisfaction and performance (Bond and Bunce 2003). Bond and Flaxman (2006) identify, over a three month period, higher levels of control as a predictor of better learning (objectively assessed), job performance and mental health. These findings go in line with Karasek's (1979) and Hackman and Lawler's (1971) theories. Bond and Bunce (2003) found that job control and job satisfaction are strongly related and that mental ill health (as measured by the GHQ-12) have a significant negative relationship with both job satisfaction and job control.

Re-organising a job, into such a way that would allow more control to the employees, has a positive impact on mental health and self-reported performance and it can also help to reduce the level of absenteeism (Bond and Bunce 2001).

Research has highlighted that managerial jobs are demanding (Burke 1998). Managerial jobs impose a set of demands on the employees and if the managers are not well equipped to tackle these, it can be detrimental to them and to their subordinates (Wong et al. 2015). Due to the nature of their job, managers play an active role in most changes that take place within the organisation as well as in decision-making and they are accountable for changes made. Management is becoming more challenging due to increasing competition between industries and across countries (Thurrow 1993; Whetten and Cameron 1995). Those work demands and conditions contribute to

managers being particularly prone to work-related stress. Increased stress or pressure in managers has repercussions on their subordinates.

With regards to their superior position, managers can intentionally or unconsciously cause stress to their subordinates (Sparks et al. 2001).

Managerial style has been identified as one of the key factors that lead to organisational and personal well-being (Kraybill 2003). Managerial style can impact on the health, well-being and performance of subordinates (Arnold and Connelly 2013). Pressure can cause managers to make use of an inappropriate or negative managerial style. When under pressure, some managers can display a bullying management style with subordinates. The findings from Hoel and Cooper (2000) show that 74.7% of employees who stated being victims of bullying revealed that the perpetrators were managers. Bullying at work is related to employees' ill-health e.g. musculo-skeletal disorders, anxiety, disorders, and psychosomatic stress symptoms (Hoel et al.1999). Also, employees whose managers have an inconsiderate managerial style report higher levels of work pressure (Buck 1972) while employees working under a more democratic managerial style report less perceived pressure than those in traditional organisations (Beehr and Gupta 1987). Support from management is also related to employee well-being, while poor supervision is associated with higher levels of stress (Kirmeyer and Dougherty 1988) and also to symptoms of depression (Repetti 1993).

These findings are relevant to this study of stress in hotel managers – managers' style, behaviour and actions are known to impact the health, well-being and performance of subordinate employees.

## **2.8 Stress in Different Occupations and Professions**

Work-related stress is a complex phenomenon which cuts across all sectors of industrial activity (The Work Foundation 2007). Many studies have been carried out on stress in different occupational groups or settings and some jobs have been found to be more stressful than others; at times, it can be found that there are differences even within the same occupations.

In this research study and comparative review, selected professions which are mostly service-based are examined in view of assessing the potential stressfulness of the relevant jobs for those who perform them (Cooper et al. 1988). This is in line with the general intention and working theme of this research and study, that is, focusing on stress in a primarily service environment.

This examination and review provides insight into the stress levels of these professionals and how these could be compared to the experiences of hotel managers in this respect.

A study carried out by Johnson et al. (2005) identifies differences in the experience of work-related stress across 26 several occupations.

Occupational stressors and stress outcomes such as psychological well-being, physical health and job satisfaction are measured by using the 'A Shortened Stress Evaluation Tool' (ASSET) model (Cartwright and Cooper 2002).

The ASSET model is a short stress measurement tool that is based on the 5 major sources of stress at work as described by Cooper and Marshall (1976). It also considers additional sources of stress. ASSET has a 12-factor structure which includes:

Table 18: ASSET 12-Factor Structure

Job Satisfaction
Relationships at Work
Work Overload
Control
Job Security
Resources and Communication
Work-life Balance
Pay and Benefits
Commitment of the Organisation to the Employee
Commitment of Employee to the Organisation
Physical Health
Psychological Well-being

Source: Cartwright and Cooper 2002

The findings reveal differences across and within occupations.

The 26 occupations are ranked based on the mean scores obtained on Psychological Well-being, Physical Health and Job Satisfaction.

Table 19 shows the occupations (those which are italicised) reporting scores above the norm scores for the ASSET database. They appear in rank order indicating the occupations with the highest mean score. Thus, higher scores on physical health indicate a worsening physical health; higher scores for psychological well-being indicate a worsening psychological health; and higher scores on job satisfaction indicate lower job satisfaction.

Table 19: Ranking on Physical and Psychological Health and Job Satisfaction

Rank	Physical Health	Psychological Health	Job Satisfaction
1	<i>Ambulance</i>	<i>Social services providing care</i>	<i>Prison officer</i>
2	<i>Teachers</i>	<i>Teachers</i>	<i>Ambulance</i>
3	<i>Social services providing care</i>	<i>Fire brigade</i>	<i>Police</i>
4	<i>Customer services–call centre</i>	<i>Ambulance</i>	<i>Customer services–call centre</i>
5	<i>Bar staff</i>	<i>Veterinary surgeon</i>	<i>Social services providing care</i>
6	<i>Prison officers</i>	<i>Lecturers</i>	<i>Teachers</i>
7	<i>Management (private sector)</i>	<i>Clerical and admin</i>	<i>Nursing</i>
8	<i>Clerical and admin</i>	<i>Management (private sector)</i>	<i>Medical/dental</i>

9	<i>Police</i>	<i>Prison officers</i>	<i>Allied health professionals</i>
10	Teaching assistants	<i>Research-academic</i>	Bar staff
11	Head teachers	<i>Police</i>	Management (private sector)
12	Secretarial/business support	Customer services—call centre	Fire brigade
13	Research – academic	Director (public sector)	Veterinary surgeon
14	Lecturers	Allied health professionals	Clerical and admin
15	Senior police	Bar staff	Management (public sector)
16	Nursing	Nursing	Lecturers
17	Management (public sector)	Medical/dental	Head teachers
18	Allied health professionals	Senior police	Teaching assistants
19	Medical/dental	Secretarial/business support	Secretarial/business support
20	Accountant	Head teachers	Directors (public sector)
21	Fire brigade	Management (public sector)	Research – academic
22	Veterinary surgeon	Accountant	Senior police
23	Director (public sector)	Teaching assistant	School lunchtime supervisors
24	Analyst	Analyst	Accountant
25	School lunchtime Supervisors	School lunchtime supervisors	Analyst
26	Director/MD (private sector)	Director/MD (private sector)	Director/MD (private sector)

Adapted from Johnson et al. 2005: 183

As indicated in the table, the 5 occupations which report a poorer physical health are ambulance, teachers, social services providing care, customer services (call centre) and bar staff. Social services providing care, teachers, fire brigade, ambulance and veterinary surgeon are the 5 occupations which reported more of the physical symptoms associated with stress. The 5 occupations which are the least satisfied with their jobs are prison officer, ambulance, police, customer services (call centre) and social services providing care. Teachers, ambulance, social services providing care, customer services (call centre), prison officer and police have above average scores on the 3 factors.

Analysts, school lunchtime supervisors and directors in the private sector are the most satisfied with their jobs and the least stressed. A point to highlight is the difference between the private and the public sector for managers and directors. Managers in the private sector obtain above average scores for physical health and psychological well-being while it is not the case for managers in the public sector. In addition, despite not having scores above the norm, directors in the public sector have higher scores than directors in the private sector on the 3 factors.

The findings on the most stressful and least satisfying jobs are in line with previous research findings since the 6 occupations that had above average scores on psychological well-being, physical health and job satisfaction have frequently been reported as experiencing above average levels of stress -

these are the ambulance service (Young and Cooper 1999), teachers (Travers and Cooper 1993), nurses and social workers (Kahn 1993).

Research has shown that an individual's stress experience will depend on several factors (for example, personal dispositions); therefore, one cannot state that people working in the same occupation will experience the same level of stress. One can, however, state that some occupations, qualified as being 'high risk' occupations are more likely to increase the incidence of negative stress outcomes (Johnson et al. 2005).

Jobs such as teaching, ambulance service, police or customer services involve a high level of emotional labour since they require regular interaction with clients. The employees are expected to follow strict rules thus displaying a certain acceptable range of emotions (Hochschild 1983). The emotional content of an occupation impacts the employees' vulnerability to stress and could be considered as a causal factor of work-related stress. However, other work factors such as low control over the job, too much work load and the threat of violence should not be overlooked.

Apart from emotional labour, work-related stress is also associated with occupations that are highly demanding and allow little control to the employee. These are known as high-strain jobs (Karasek 1979). An example is postal work: employees are faced with excessive workload and have relatively little control over the job (Ostell 1986; Vahtera and Pentti 1999).



According to the Communication Worker's Union (2001), bad management, work overload, staff shortages, job insecurity and lack of control over work are among the top causes of stress for postal workers in the UK.

Furthermore, 24% of postal workers report work-related stress as their main health and safety concern. Postal workers also report that stress has a negative effect on their physical and psychological health (Giga et al. 2003).

The work of Johnson et al. (2005) proves to be helpful by providing a comparison of stress levels across occupations and discussing potential causes. However, as highlighted by the authors themselves, in order to identify the root causes of stress for any particular occupation the analysis of the presence and intensity of occupational stressors is required. This study by Johnson et al. also shows that there are differences within occupations. For instance, head teachers and teaching assistants, unlike teachers, do not have worse than average scores on physical health, psychological well-being and job satisfaction. The same applies to senior police staff who report to be less stressed and more satisfied than police officers.

Therefore, each occupation has specific work stressors and in order to identify the root causes of stress in a particular occupation, it is important to consider the presence and intensity of workplace stressors. In addition, employees can share the same occupational setting but have different roles

within that occupational setting and this will result in differences in their stress experience.

For a deeper understanding of stress at work, it is important to consider specific occupational settings and pinpoint specific roles within those occupational settings. The current study will attempt to do so by focussing on the stress experience of hotel managers in Mauritius. This will help to consider the specific context and aspects of hotel managers' work, thus providing a better understanding of the phenomenon.

The hotel industry was not specifically considered in Johnson's et al. study (2005) but other studies identified this sector, along with other sectors, as representing a major risk for work-related stress. Houtman et al. (2007) earmarked risk groups for work-related stress. Health and social services, and education were identified as major risk sectors and this goes in line with the study of Johnson et al. (2005). Other risk sectors are identified and these are public administration, banking, freight transport, hotel and restaurant, and policing.

Houtman et al. (2002) reported sectors with significantly unfavourable scores on working conditions in comparison with the average scores obtained in the Third European Working Conditions Survey 2000 (Eurofound 2000).

The hotel, restaurant and catering (HORECA) sector have significantly unfavourable scores on the following working conditions: ergonomics, non-standard hours, long working hours, high job demands, no job control, unskilled work, no social support and discrimination. The transport and HORECA sector are identified as sectors with the most unfavourable working conditions. Hotels and restaurants also have significantly unfavourable levels of work-related stress along with the transport, education, public and social sector.

Those sectors are those where there was low control, high discrimination and high job demands.

Like other occupations mentioned earlier (e.g. teaching, policing), occupations in the HORECA sector involves emotional labour. Emotional labour is defined as the 'management of feeling to create a publicly observable facial and bodily display' (Hochschild 1983: 7). Employees in the hospitality industry are, often, not only paid for physical and mental operations at work but also to show positive emotions even when facing difficult clients and situations (Hoel and Einarsen 2003). Research has shown that coping with such situations and having recourse to emotional labour can create stress (Zapf et al. 1999).

When considering the work of hotel managers from Karasek's perspective (1979), it can be qualified as a high-strain job. In the Netherlands, the

Netherlands Living Working Survey POLS in (1997-1999) indicate that occupations in the HORECA sector are high-strain ones, low control and high demand (Eurofound 2004). Excessive workload brings along stress and this results in negative health outcomes. For instance, employees in the HORECA sector report more than average headaches, stress and fear (Dienstbühl et al. 2008). Hotel managers have highly demanding jobs since there is a need to coordinate efforts between different departments and employees within a short timeframe. On the other hand, they have little control on other service providers. The stress comes from being in charge without being in control (Hoel and Einarsen 2003).

In fact, earlier, Zohar (1994) found in a study of Canadian hotel managers and employees that low decision latitude (little control) and excessive workload were important stressors. The importance of control is further highlighted by Brymer et al. (1991) who carried out a study with a sample of four hundred and nine (409) hotel managers in the United States. The research showed that hotel managers perceived their jobs as being highly stressful for several reasons, and Brymer et al. (1991) concluded that allowing staff more control over the job would help to reduce the level of stress in the industry.

This outline of work-related stress across occupations helps to highlight the common elements found in occupations that report above average levels of stress. These common elements are emotional labour, low control and high job demands.

## **2.9 Stress in Developing Countries**

As the focus of the study is on managers in the hotel industry in Mauritius and given that the country is itself a middle-income developing nation, an overall view of the evolution, state and extent of work-related stress in other comparable economies provide a true and more accurate perspective of the realities and challenges ahead for these countries at this particular stage of their economic development.

Work-related stress has become a worldwide issue. The magnitude of the problem is reported by the WHO (2007a) and the ILO (2016). As stated in Section 2.4, it is estimated that more than 30% of the workforce in the newly industrialised and developing countries suffer from work-related stress (Hoel et al. 2003; WHO 2007a).

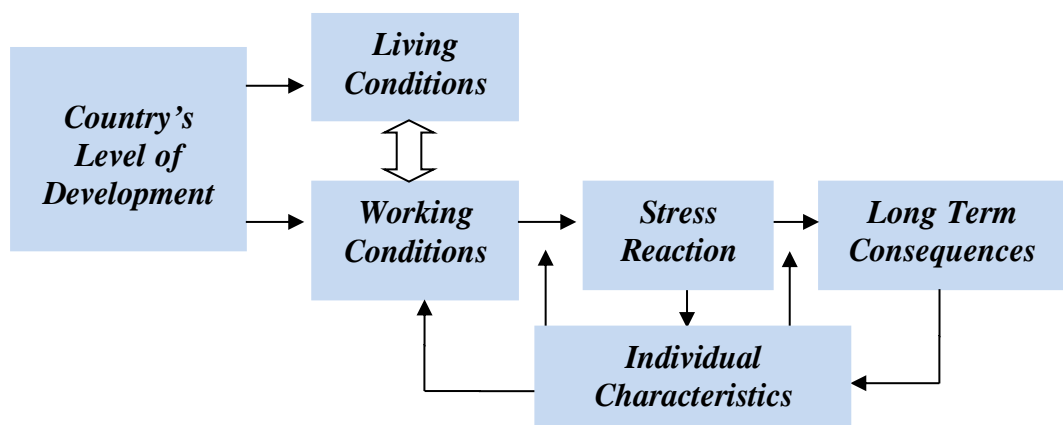
The study also attempts to find out whether the level of stress in general and, more particularly, in managers differs significantly in the developing countries as compared with the intensity of stress in the economically advanced and developed countries.

The phenomenon of stress is now familiar and accepted as a reality of modern life in industrialised countries and people are living with it and learning to manage it (WHO 2003a). In addition, industrialised countries have an extensive documentation, knowledge base and experience of work-related stress and its outcomes, thus providing a good foundation and on which they

can rely. All this might not be the case yet in the developing economies (Houtman et al. 2007). Research has been carried out in the developing countries of late and a few of these studies do replicate the findings from industrialised countries (Juarez-Garcia and Schnall 2007; Villalobos 2007).

It must be highlighted that the findings from research in industrialised countries can be very useful in helping to find the right orientation and direction for a better contextualisation of stress in the developing countries; though employees across the globe have different work environments, yet they experience more or less the same workplace hazards - chemical, physical, biological and psychosocial (Rosenstock et al. 2006). However, there is now a need to address the gap in knowledge concerning developing countries in view of securing an in-depth understanding of work-related stress pertaining to these countries (WHO 2007a).

Figure 8: Contextualised Model on Causes and Consequences of Stress



Source: WHO, Protecting Workers Health Series No. 6  
Raising Awareness of Stress at Work in Developing Countries 2007a

As illustrated in Figure 8, stress is contextual and situational; at the macro level, it is defined as per the context and the general environment of nations as explained by both the living and working conditions in these countries which have a direct impact on individual well-being. Hence, according to the WHO (2007a), there are, inevitably, varying levels of stress in the different countries.

Context-specific information is important since many developing countries have themselves witnessed drastic changes and transformation over the past decades; therefore, relying on information derived mainly from research undertaken in industrialised countries might not always be complete and sufficient. Some examples would be the growth of the service sector or the international trend to move production lines to developing countries. This shift to developing countries arises because the regulatory systems found over there are more lenient or, in some cases, non-existent and this positively impacts profit margins (Ahasan 2001).

Another non-negligible phenomenon is globalisation. Globalisation is defined as an increase in the total world economic activity as a consequence of the liberalisation of trade and the elimination of the hindrances to the transfer of capital, goods, and services across the national border (Rantanen 2000). Houtman et al. (2007: 7) outlined the impact of globalisation at both the international and national levels as follows:

Table 20: Impact of Globalisation

<p style="text-align: center;"><b>At the International Level:</b></p> <ul style="list-style-type: none"><li>○ increased economic transactions</li><li>○ increased foreign investment</li><li>○ increased world trade - giant multinationals, such as in the insurance and banking sector, manufacturing, oil and raw material producers are key operators in this process of globalisation</li></ul>
<p style="text-align: center;"><b>At the National Level:</b></p> <ul style="list-style-type: none"><li>○ fragmented companies and smaller independent decentralised units</li><li>○ outsourced activities to smaller units</li><li>○ more flexible work organisation</li><li>○ more flexible industrial relations (specifically contracting agreements)</li></ul>

Source: Houtman et al. 2007

Though globalisation has positive outcomes such as creating jobs, improving the national economy, the education system of a country and its working conditions, to name a few, it also has its own downsides. In fact, globalisation can bring along changes that negatively impact a population such as replacing human labour by machines, creating job insecurity, making obsolete skills in the labour force, mergers, threats of downsizing and outsourcing, amongst others (Kortum 2007).



Moreover, globalisation has led to growing inequality and decreasing prioritisation of social concerns in many parts of the world. Both globalisation and deregulation are known to have resulted in increasing the gap between the rich and the poor, and in excluding and marginalising the average employee, particularly in developing countries (WHO 2007a).

With these new practices aimed at promoting world trade, management and development models initiated in one country are exported and used in other countries very often without any customisation or adaptation. With the increasing presence and penetration of multinational corporations, management practices are becoming “uniformised” all over the world.

Likewise, during the course of the process, stress is being ‘exported’ to the developing countries. As the world is becoming one globalised village, it can be argued that much of the stress in developing countries is not from ‘within’; it is created and brought along by the process of internationalisation and by the forces of globalisation. So, with globalisation and the liberalisation of world trade, it would appear that stress is infiltrating the continents and is bound to be inherent and present everywhere.

Besides the presence of the multinational companies, the above situation and new imbalance is also accentuated through the practices, exigencies and other conditions and pressures from other foreign actors such as the aid donors, investors, tourists, and other types of visitors.

Modern working life also changes constantly due to rapid scientific and technological advances resulting in employees having to deal with the following sources of pressure.

Table 21: Sources of Pressure in Developing Countries

○ increased demands of learning new skills
○ the need to adapt and adopt new ways of working
○ the pressure of the demand for higher productivity
○ demands for increased quality of work
○ increase time pressure and hectic jobs
○ higher job competence
○ increased job insecurity and less benefits
○ less time for co-workers and socialising

Source: Houtman et al. 2007

All those changes impact the nature of work. Hence, the workforce of developing countries has now to face new working conditions exposed to occupational hazards (Rantanen 1999) and have to deal with increasing work-related stress. The export processing zones, for example, are known to be the source of many problems such as high levels of machine-related accidents, noise, dust, poor ventilation, being exposed to toxic chemicals and high levels of work-related stress (Kortum 2007).

In addition, the growth of service industries has been associated with an increase in stress-related diseases (Wegman 2006).

Other factors negatively impacting health and psychological well-being are unemployment and job insecurity. In the case of the developing countries, poverty, economic instability and other living conditions cannot be overlooked and these play a role in the incidence of stress-related health outcomes.

The urge of focusing on work-related stress in developing countries also resides in the fact that 80 % of the global workforce (of about 2,400m people) lives and works in these countries (Houtman et al. 2007). However, one major barrier to tackling this growing problem is the prevailing mindset of decision makers concerning occupational health and safety. While the economic imperatives of production and performance are so overwhelming, the majority of decision-makers in those economies in transition perceive occupational health as superfluous (and costly); and this partly explains the reasons for the non-enforcement of the occupational health and safety regulations (Nuwayid 2004).

According to Kortum et al. (2010), the reason why so little is done might also be due to a lack of research and the fact that developing countries are already struggling with traditional and better known occupational risks such as chemical, biological and physical hazards. Moreover, work-related stress, as compared to other well-known hazards in developing countries, is invisible. Finally, it is difficult to attribute the causes of negative health outcomes and, therefore, the link between work-related stress and negative health outcomes

might not be easily established (Kortum 2007). This prevents developing countries from addressing the issue of work-related stress by creating awareness and finding ways to control its impact on the workforce's health.

Factors that need to be considered in the study of work-related stress in developing countries go well beyond scarcity of resources and changes in the nature of work. According to Houtman et al. (2007), culture, technology, daily logistics, gender inequalities, rural versus urban areas, income distribution, formal versus informal economy, parasitic and infectious diseases, hygiene and sanitation, nutrition, transportation systems and poverty are example of factors outside the work environment that impact the workers' lives.

All those factors interact and make those workers' experience of work-related stress quite unique. This helps to better understand why it could be problematic just to apply research findings from industrialised countries to developing countries (Hoel et al. 2003).

A study carried out in Taiwan concluded that Taiwanese employees suffered worse physical health than British industrial workers (Lu et al. 1994). This was confirmed some years after in a study of Taiwanese managers who not only perceive stress to a larger degree than the general

workforce but are also more stressed than comparative samples from Hong Kong, the UK and Germany (Lu et al. 1999; Siu et al. 1999).

Along the same line, it was found in a study of Brazilian white-collar workers that Brazilian workers have higher levels of stress and are faced with more sources of stress than a normative comparison group from the UK (De Moraes et al. 1993).

Fortunately, over the past few years, there has been a growing number of studies in the developing world in the area of stress; this explains the current and 'emerging' awareness of the problem in some of these countries (WHO 2007a). Raising awareness at an early stage in developing countries seems all the more important because work-related stress is also a problem which is far from being resolved in the developed and industrialised countries.

The above examples clearly demonstrate that stress has become a considerable occupational concern and is probably on the increase also in developing economies (Hoel et al. 2001).

More recently, academics (Kortum et al. 2010; Juarez-Garcia and Schnall 2007) and leading organisations such as TNO Work and Employment in the Netherlands and the WHO (WHO 2007a) have, for their part, also examined and studied work-related stress in developing countries and have highlighted the need for a more comprehensive and in-depth knowledge on the subject.

Kortum et al. (2010) carried out a study on psychosocial risks and work-related stress in developing countries. Experts from various fields (e.g.

psychiatry, social work, medicine, psychology, epidemiology, occupational health and safety, sociology and ergonomics amongst others) with knowledge about the context of developing countries were selected to participate in interviews, delphi surveys and focus groups.

Unanimously, participants stated that psychosocial risks are a case of concern to employees' health and developing countries should address this issue.

The experts also identified a list of potential physical health outcomes (musculo-skeletal disorder, diabetes, headaches, certain types of cancer), psychological health outcomes (depression, suicidal behaviours, emotional behaviours, anxiety) and adverse health behaviours (substance abuse, smoking, obesity) from exposure to psychosocial hazards and work-related stress.

The findings reveal that the majority of experts (+60%) think that the areas requiring urgent attention in developing countries are injury/accident prevention, psychosocial risks and work-related stress. The experts earmark capacity building, monitoring surveillance of psychosocial hazards and work-related stress, creating a safety culture and improving healthcare as the top priority areas for action in addressing occupational health and safety in developing countries.

Furthermore, they identify several barriers to addressing psychosocial risks and work-related stress and propose solutions to counter these. Table 22 outlines the general barriers and solutions proposed. They highlighted the lack of empirical evidence from developing countries to supplement their experiences and knowledge from the scientific literature of developed countries.

Table 22: Barriers to addressing Causes/Solutions

<b>General Barriers</b>	<b>Solutions Proposed</b>
Lack of resources and research	Employers can facilitate
Authorities/employers don't act (lack of political decisions and enforcement)	Networking (learn about grey literature from emerging economies)
Lack of enforcement	Use experts available
Boundaries (work/non-work)	Strengthen legislation
Lack of understanding of psychosocial risks	Involve workers/communities
Fears of unionisation (by employers)	Address informal sector workers incl. migrants and domestic workers
Improvements don't reach ordinary workers	Interventions/tools (redefine/refine approaches)
Lack of action (only diagnosis)	Consider differences within and between countries
Basic needs not addressed	Multi-nationals want to protect their image
Lack of skills concerning new forms of work	Need for health statistics

Need for higher focus on prevention in health and safety in general	Respect for traditional ways of creating livelihood.
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Source: Kortum et al. 2010: 231

At the First Inter-ministerial Conference on Health and Environment held in 2008, African leaders acknowledged and recognised that, on top of having to cope with traditional environmental risk factors to health, Africans now have to cope also with new and emerging threats such as new occupational hazards. They further stated that Africans are suffering from psychosocial stress which, in a sense, is some kind of real breakthrough for the African Continent and Community.

The WHO estimates that, worldwide, only 5-10 % of the employees in developing countries and only 20-50% of the employees in industrialised countries have access to adequate occupational health services. Poor occupational health and reduced working capacity of workers may cause economic loss up to 10-20% of GNP of a country. Globally, occupational deaths, diseases and illnesses account for an estimated loss of 4% of the annual GDP (WHO 2007a).

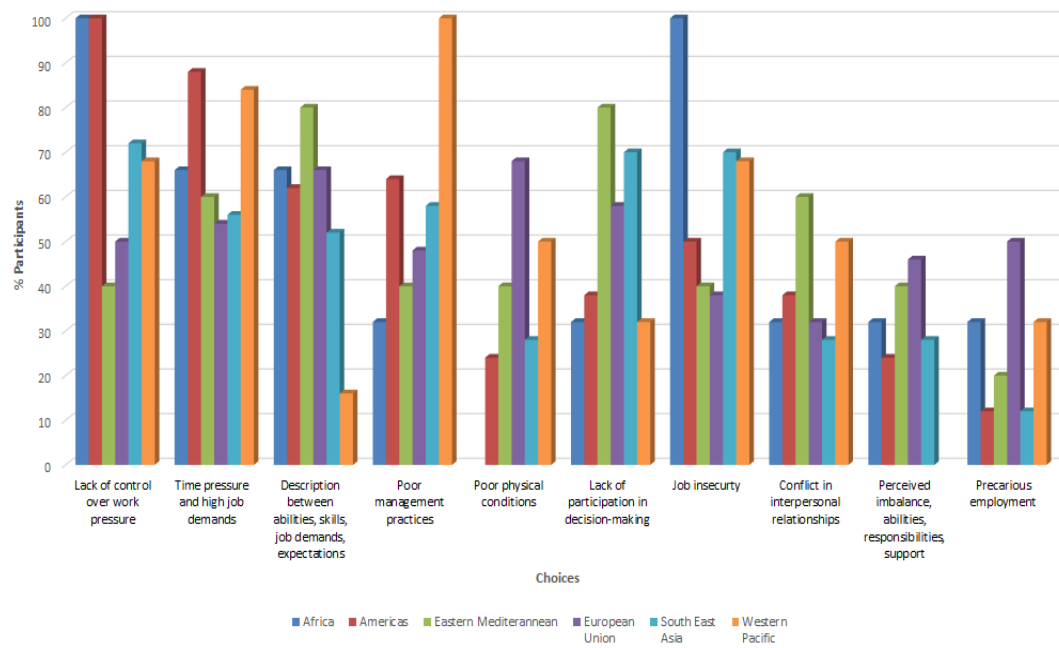
The next step is now to identify those new threats and implement policies to help the population deal with these. In a study by Kortum, Leka and Cox (2011), 100% of the African participants identified lack of control over work processes and job insecurity as psychosocial risks. When asked about the workplace issue, 100% of the Africans perceived work-related stress, injury



and accident prevention, and substance abuse and risky behaviours as requiring urgent attention followed by infectious diseases (66%), chemicals (66%), violence and harassment at work (32%), psychosocial risks (32%).

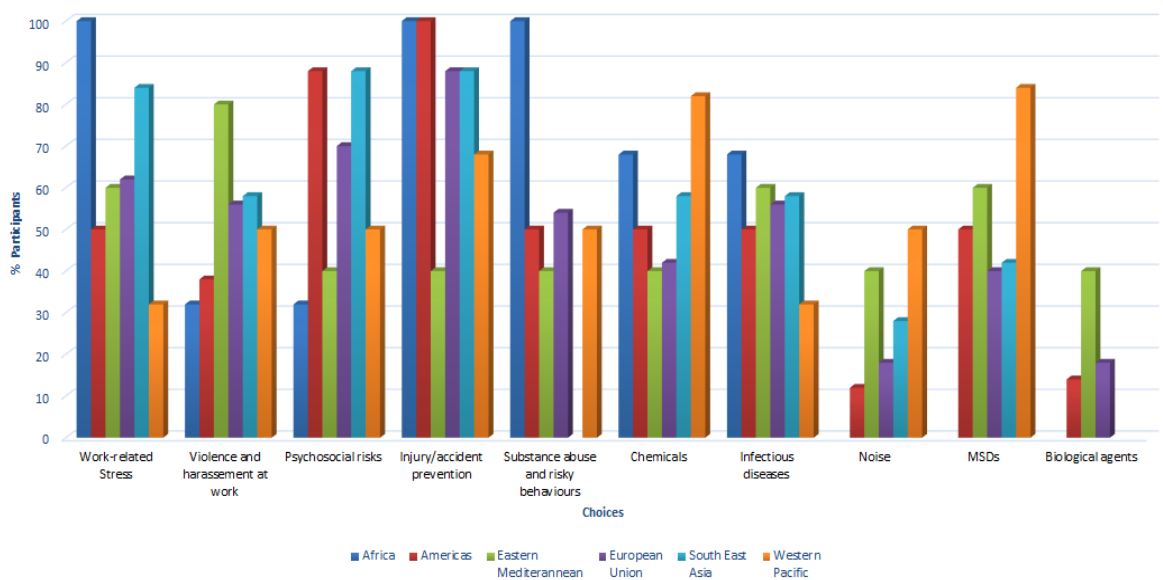
Figures 9 and 10 show the understanding of the term psychosocial risks and the workplace issues and risks that require urgent action in developing countries.

Figure 9: Delphi Results for the Term Psychosocial Risk(s)



Source: Kortum et al. 2011: 151

Figure 10: Delphi Results for Workplace Issues and Risks



Source: Kortum et al. 2011: 151

One can conclude that different regions have to face different realities and hazards despite all of them being developing countries. For instance, it is known that HIV/AIDS is a major issue in Africa; African countries such as South Africa and Uganda are those with the highest prevalence. HIV/AIDS thus represents a substantial source of stress for healthcare workers who have to care for HIV patients on a daily basis and handle HIV/AIDS-related deaths (Stillwell 2001).

Those research findings highlight the importance of carrying out specific research in developing countries since these will take into account the unique factors that come to play to determine the workers' stress experience.

Many developing nations and economies in transition can still have the opportunity to work towards the prevention of the ill-effects of work by learning from the experience of developed nations in this respect. There is an opportunity not to repeat the same "mistakes" and to strive for the prevention of work-related stress and of its possible effects. Furthermore, differences exist across and within regions and these need to be given due consideration when elaborating policies or implementing social or technical infrastructures to tackle the problem of work-related stress.

## **2.10 Chapter Summary**

Stress remains a complex phenomenon which calls for concern and attention. This chapter considers and examines the various approaches and attempts to explain the stress phenomenon; based on these interpretations, the approach and working definition is that “stress is a state of affairs which arises when a person perceives a situation as being a problem which has significant costs for that person and reacts in such a way to tax or exceeds that person’s coping resources” (Ostell 1995: 6).

This conceptual base and definition will guide and inform the rest of this research study.

The sources and causes as well as the costs of stress and its effects and impact on the individual, the organisation and society at large are highlighted and discussed. Stress in other service-oriented occupations is, thereafter, examined and the main trends are highlighted, compared and discussed.

As observed in the chapter, stress is slowly ‘making its way’ and is, in some cases, even increasing. This situation seems to be worsening in the developing nations, despite the fact that the context and experiences are somewhat different in these countries. The state of things in these economies is described and critically appraised. It comes out quite strongly that, from within, there is, unfortunately, a lack of policy decisions/measures in relation

to occupational health and the management of psychosocial risks and work-related stress.

The next chapter discusses the trends in the hotel and tourism industry in Mauritius and worldwide while Chapter 4 refers to work-related stress in the hospitality industry and in hotel managers. Chapters 5 and 6 describe in greater depth the research objectives and further elaborate on the strategy, design and methodology adopted as well as the methods and process for the research and data collection methods.

The findings of the analyses are then presented and discussed in Chapters 7 and 8 respectively.

## CHAPTER 3: TOURISM IN MAURITIUS

### Outline for Chapter Three

3.1	Introduction and Structure of the Chapter
3.2	An Overview of the World Tourism Scene
3.3	The History and Nature of the Tourism and Hotel Industry
3.4	The Importance of the Tourism Industry and its Benefits
3.5	Issues and Challenges
3.6	Chapter Summary

### 3.1 Introduction and Structure of the Chapter

This chapter provides an overall view of the evolution of tourism worldwide and examines the nature, history and development of the industry in Mauritius over the last 60 to 70 years. The fast growth and expansion of this economic activity coupled with the strategic tourism policy orientation of the country have both contributed to the emergence of a 'strong' local tourist and hotel industry; this sector has today a direct and major impact on the country's economic landscape (WTTC 2017; 2018).

Tourism and hospitality have indeed become a pillar of the Mauritian economy; but, at the same time, this development brings along a number of new challenges requiring serious attention - one of them being the psychological health of employees and, most particularly, of managers

operating in the hotel industry as a result of the rapid expansion and growing expectations of the main stakeholders in the sector.

### **3.2 An Overview of the World Tourism Scene**

It is an established fact that Man has always travelled. However, until the 15<sup>th</sup> century, most travels were not focused at just sight-seeing, but to encounter people and civilisations and to visit sacred places (Adler 1989; Gnoth 1997).

From the mid-16<sup>th</sup> century onwards, Northern Europeans regularly travelled to spas in their own countries, to centres of learning and to the ruins of the great classical civilisations of Southern Europe. At first, confined to nobles and diplomats, this circuit became commonplace (Harrison et al. 2003). It became known as the “tour” by the mid 1700’s; according to the Oxford English Dictionary, the term ‘tourist’ means a “participant in pleasurable and educational journeys”.

Tourism consists of “the activities of persons travelling to and staying in places outside their usual environment for not more than one consecutive year for leisure, business or other purposes” (United Nations World Tourism Organisation - UNWTO 1993).

Tourism studies draw on anthropology, semiotics and sociology and, as such, has had the most cross-disciplinary influence. “No single discipline alone can

accommodate, treat or understand tourism; it can be studied only if disciplinary boundaries are crossed and if multidisciplinary perspectives are sought and formed” (Graburn and Jafari 1991: 7).

Tourism has become the third export sector (after chemicals and fuel) in the world and a key driver in economic development. It is an important generator of wealth and creator of both direct and indirect employment. According to the UNWTO Secretary-General Zuran Pololikashvili, tourism is essential for job creation and the prosperity of communities around the world (UNWTO 2018a). It offers jobs to 207m persons which is equivalent to 8% of global employment (1 in 10 jobs). Job creation in tourism is indeed growing 1.5 times faster than in any other industrial sector.

Tourism is playing an increasingly determining role in the world economy. Over the recent years, the world tourism industry has had a steady and smooth development throughout except for the years 1982, 1991, 2003 and 2009 when a negative decline in tourist arrivals was recorded (UNWTO 2011).

The figures from Table 23 demonstrate the phenomenal growth in tourism and in tourist arrivals over the last 60 to 70 years. From a figure of 25m in 1950, the number of international tourist arrivals in 1965 reached 113m in 1995 and, some twenty-five years later, went up to 441m. That figure



increased by another 53% to the level of 675m in the year 2000 only after another period of ten years. Seven years later, in 2007, the number of tourist arrivals went up to 894m, representing a cumulative rise of 32% and a growth of 6.6% over the year 2006 with 839m tourist arrivals (UNWTO 2005). At the end of year 2014, world tourist arrivals had reached 1,135m, a rise of 28.6% despite the shortfall in 2009 resulting from the world economic recession.

International tourist arrivals grew by a remarkable 7% in 2017 to reach 1,322m – some 83m more than the 1,235m recorded for 2016 (UNWTO 2017; 2018a). This is well above the sustained and consistent trend of 4% or higher growth since 2010 and represents the strongest results in seven years.

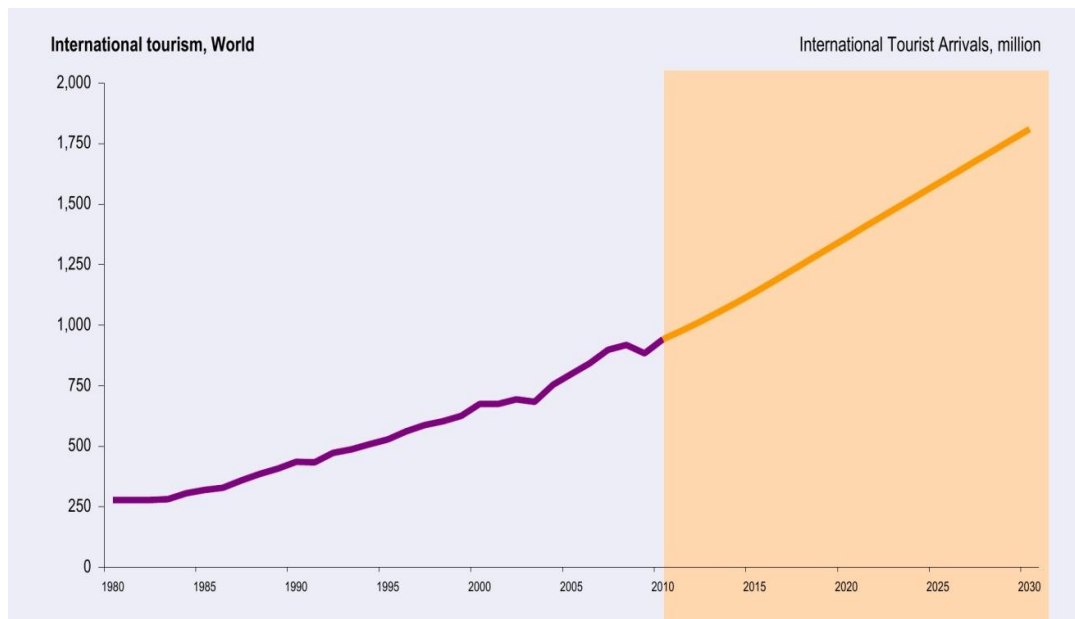
For Gloria Guevara, President and CEO of the World Travel and Tourism Council (WTTC 2017) 2017 was the best year on record for the travel and tourism sector. This was largely due to the fact that the sector outperformed the global economy for the seventh year running, growing by 4.6% against 3%. According to the annual Economic Impact Report of the WTTC (WTTC 2017), tourism created 7m new jobs worldwide in 2017 or one in five new jobs.

This strong momentum is expected to continue. Based on the annual average growth trends forecast by the UNWTO for the 10 years between 2010 and 2020, the resilient growth trajectory is expected to last and it is forecasted that tourist arrivals will grow by an average of 3.3% per annum

over the period 2010-2030 and reach 1,800m by 2030 as shown in Figure 11.

By then, the sector will support more than 400m jobs globally or one in nine of all jobs.

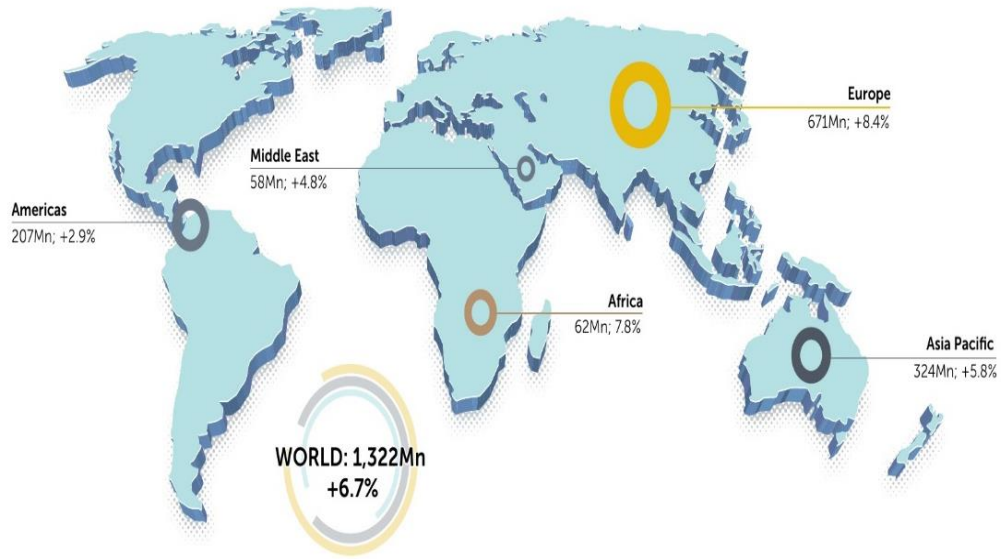
Figure 11: International Tourist Arrivals by 2030



Source: UNWTO 2018b

Figure 11 shows the regional growth in tourism for 2017. As a large and mature region, Europe recorded an astonishing 8.4% growth, an old time record upswing followed by Africa (7.8%) and Asia and the Pacific (5.8%). There was a 4.8% growth in the Middle East while the Americas registered the lowest growth - 2.9% (UNWTO 2018b).

Figure 12: International Tourist Arrivals by 2030



Source: UNWTO 2018b

Table 23 and Figures 12 and 13 summarise the progress and evolution of the industry worldwide over the last 70 years with forecasts until 2030.

Table 23: Evolution of World Tourism (1950 – 2030)

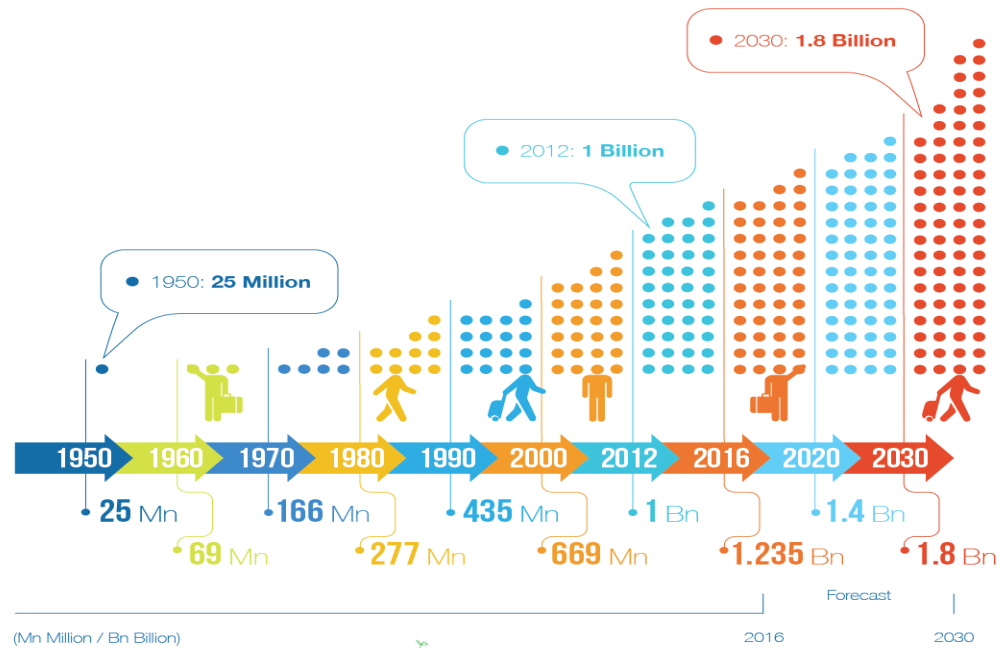
YEAR	TOURIST ARRIVALS (MILLION)
1950	25
1960	69
1970	166
1980	277
1990	435
2000	669

2001	675
2002	695
2003	684
2004	755
2005	795
2006	839
2010	940
2012	1,000
2014	1,135
2015	1,189
2016	1,235
2017	1,322
2020*	1,400
2030*	1,800

\* Forecasts

Source: UNWTO 2018a

Figure 13: International Tourist Arrivals 1950 – 2030



Source: UNWTO 2017

The remarkable growth in international tourist arrivals in 2017 was boosted by the world economic growth and the solid demand for travel from many traditional and emerging source countries.

According to the IMF, the growth momentum observed since semester two of 2016 especially in advanced economies has improved GDP growth in this region in 2017 (+2.3%). The emerging and developing countries also grew at an increasing rate and reached 4.8% in 2017. The rebound in these two country groupings is reflected in the 0.6% increase in world GDP growth that reached 3.8% in 2017, after two years of consecutive decreasing growth. These prospects are reflected in Figure 14.

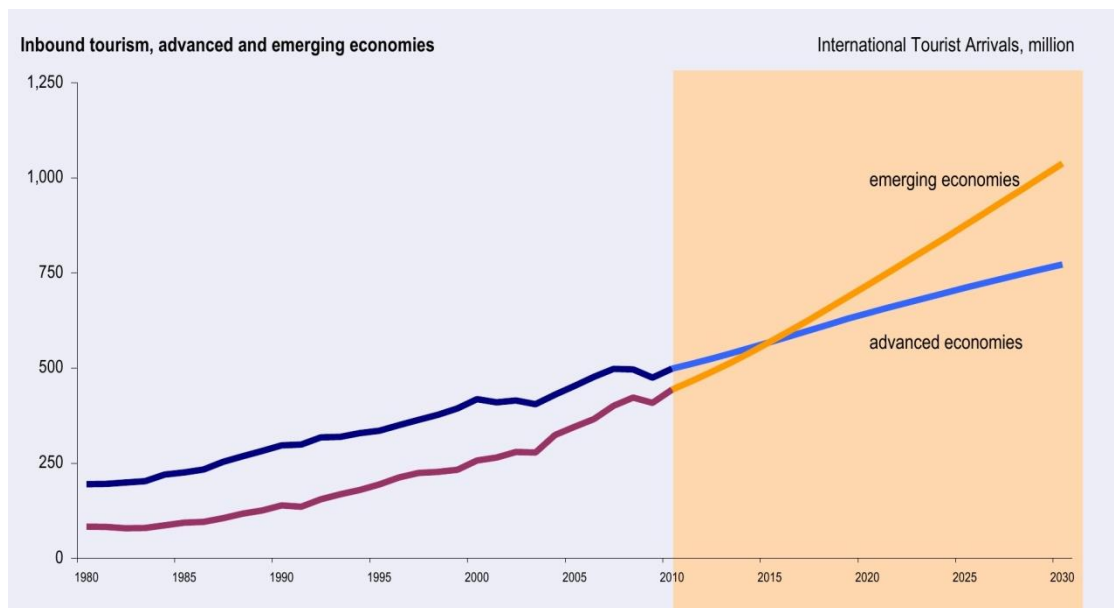
Figure 14: Global Economic Prospects



Source: IMF

The tourism industry is fast developing and expanding in almost all countries including the developing nations and emerging economies. In fact, mass tourism including domestic and regional travel is becoming an important phenomenon in several developing nations of Asia, Latin America, the Middle East and Africa resulting in emerging economies with more international tourist arrivals than the advanced nations as from 2015 onward; by 2030, as demonstrated by Figure 15, their market share is expected to reach 58% of the total world inbound tourist arrivals, equivalent to over 1b international tourist arrivals.

Figure 15: Emerging Economy Destinations and Advanced Destinations



Source: UNWTO 2018b

Solid economic conditions contribute to stronger demand for both business and leisure travel, which is reflected in international tourist arrivals and receipts in destination countries. Growth in international tourism is expected to come from both advanced and emerging source markets, reflecting the improving economic prospects for both groups in 2018.

The forces driving the growth of the world's largest industry are the growing wealth and the rise in family incomes which have made it possible for vast numbers of people in developing countries to join the middle classes (Kharas 2017). Rising middle classes with higher purchasing power in many emerging countries will continue to expand the base of international travellers. More leisure time and favourable demographic trends, that is,

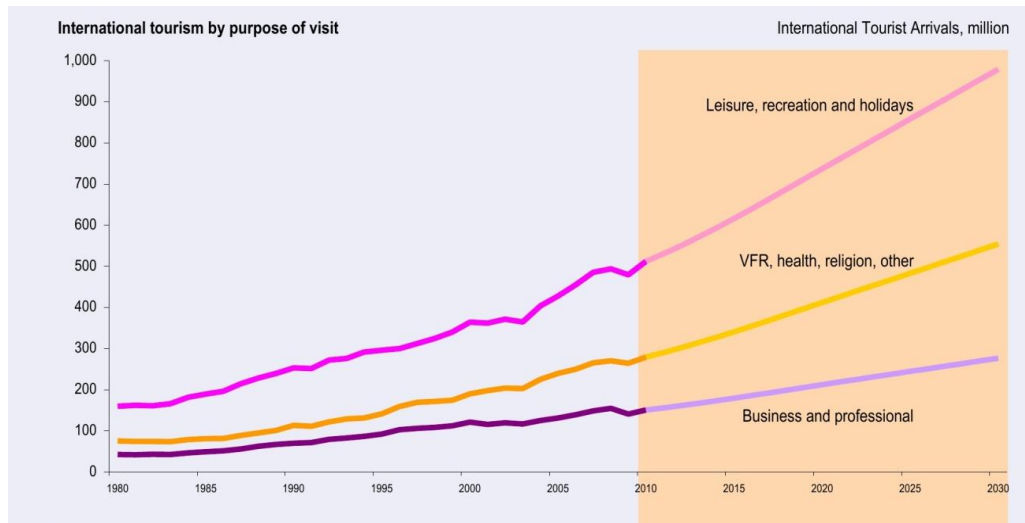
more middle-aged people who have both the money and the time to travel also contribute to the rise in tourist arrivals (UNWTO 2017).

The effects of deregulation are known to have encouraged greater price competition thus making travelling easier, more affordable and tourist destinations more accessible. Increased air connectivity, simpler visa procedures in many countries and growing tourism services through digital platforms are all expected to continue driving tourism growth.

In fact, just over half of the world tourist arrivals (53%) in 2016 were for leisure, recreation and holiday purposes, 13% for business and professional purposes, and another 27% for visits to friends and relatives (VFR's), pilgrimages, health treatment and for religious and other miscellaneous purposes. Figure 16 shows the upward trend for all the 3 categories of purpose of visit from 2010 with a more pronounced rise in tourism for leisure, recreation and holidays.



Figure 16: International Tourism by Purpose of Visit



Source: UNWTO 2018b

Much of the future tourist development is going to happen in Asia. By 2020, it is predicted that China will have overtaken France, the United States and Spain as the top tourist destination with 130m visitors a year, and it will also be exporting 100m tourists of its own every year.

In 2020 it is projected that there will be 153m Germans on the move every year, presumably many travelling more than once, and 142m Japanese tourists.

International tourism receipts grew 5% in 2017 in real terms to reach US\$ 1,340b globally, some US\$ 112b more than in 2016 (UNWTO 2018a). These receipts are expected to climb by 6.7% a year.

In this respect, Naisbitt's (1982) comments are of interest: that Travel and Tourism, together with Information Technology and Telecommunications, will be the three super-service industries that will drive the engine of the 21<sup>st</sup> Century.

### *3.2.1 The Hotel and Hospitality Sector*

The hotel and hospitality sector is a core activity of the tourism industry; traditionally focused on providing mainly accommodation facilities, this sector now also offers other services such as food and beverages, entertainment, theme events, sports and leisure and specialised recurrent or seasonal events, like deep sea fishing, golf tournaments, trailing and other cultural or promotional events (Aggett 2007; Deloitte 2018).

The service topography in hotel establishments is such that currently many visitors also spend considerable time indoors as there is a variety of activities to enjoy and experience. There is a clear tendency amongst an important market segment to shift from traditional sight-seeing to indoor entertainment and other person-centred activities such as relaxation, fitness and health therapy, spas and thermal centre (Smith and Puczko 2014; Willis et al. 2017; Folstad and Kvale 2018). The direct consequence of this state of affairs is that the work of hotel managers, especially those in holiday resort hotels has changed over the recent years; hotel managers now have to spend much more time and put in greater efforts to meet the demands and rising expectations as well as the new interests of the informed residing tourists.

Indeed by spending comparatively more time at the resorts and hotels modern tourists exercise greater pressures on managers and employees alike. These pressures are now even more pronounced as a result of the exigencies of both the selective and up-market tourism policy and the Quality Tourism philosophy which are being encouraged by the tourism authorities in many destinations.

### **3.3 The History and Nature of the Tourism and Hotel Industry**

With a current population of 1, 265,000 inhabitants (Statistics Mauritius 2018a), and a geographical area of 2040 km<sup>2</sup>, Mauritius is now increasingly known as an island tourist and holiday destination.

The history of the Mauritian hotel industry is indeed closely linked with that of tourism on the island; the first hotel, the Park Hotel was established in Curepipe in 1952 and the Morne Brabant Hotel with only 6 bungalows was built in 1954. Following this development, the Mauritius Government Tourist Office (MGTO) came in operation only in 1959; in the early 60's, Le Chaland Hotel was constructed close to the airport to cater mainly for airline staff as the Morne Brabant Hotel was proving to be quite remote and distant. It is widely recognised that the setting up of the MGTO and of Le Chaland Hotel are the landmarks and cornerstone of international tourism and of the Mauritian tourist industry at large (Beachcomber 2017).

The 1960's was generally regarded as a reconstruction period following the passage of a well-known cyclone. The New Mauritius Hotels (NMH), which was set up in 1965, completed the Morne Brabant Hotel in 1968. However, the real 'kick-off', of what was to become, soon after, the country's tourism industry, was marked by the country's accession to independence from the UK in 1967 (ENL 2018).

In the late 1960's and early 1970's, hotel and tourism development became a major platform of the country's post-independence development strategy. That policy favoured a greater diversification of the national economy focused historically on traditional monoculture, sugar cane. One key dimension of this new economic development strategy was to open up and attract foreign direct investment (FDI) in the hotel and tourism sector; the very first foreign parties to invest in this industry were the Club Mediterranee, Merville owned by Lonrho, and now Illovo, and Sun International, now Sun Resorts (Sun Resorts 2018).

The entry of these new global hotel companies and players have brought along greater competition and have, undeniably, helped to improve the overall standards and quality of service in this relatively new industry for the country.

The early 70's were marked by the opening of the well-known Trou Aux Biches Village Hotel, now Trou Aux Biches Golf Resort and Spa (recently

renovated and re-styled with some 333 rooms) in 1971 to host, primarily, foreign delegates to an international conference, the Organisation Commune Africaine et Malgache (OCAM).

Table 24: Tourism Trends in Mauritius (1971 – 2017)

<b>Year</b>	<b>Hotels</b>	<b>Rooms</b>	<b>Tourist (Nos.)</b>	<b>Gross Tourism Receipts (Rs M)</b>
1971	22	811	36,398	39
2011	109	11,925	964,642	42,717
2012	117	12,527	965,441	44,378
2013	107	12,376	993,106	40,557
2014	112	12,799	1,038,968	44,304
2015	115	13,617	1,151,723	50,000
2016	113	13,605	1,275,277	55,867
2017	112	13,544	1,341,860	60,262

Source: AHRIM 2018; Statistics Mauritius 2018b

Table 24 demonstrates the rapid expansion of the Mauritian tourist industry over the period 1971 and 2017. Whilst the number of hotels went up to 112 (from only 16 in 1970 and 22 in 1971), room capacity also increased more than fourteen fold from 811 in 1971. Gross tourist receipts for 2017 amounted to Rs 60.2b which were 8% higher than in 2016 (Rs 55.8b); for 2018, total tourism earnings reached Rs 64b (+6.2%) and for the year 2019, tourism earnings are forecasted to be Rs 67.5b (Statistics Mauritius 2018b).

The eighties marked the advent of luxury 5-star resort hotels; for instance, in 1986 the exclusive Royal Palm Hotel was inaugurated. Since then, a

number of 5-star hotel operations have established themselves with some of them even recurrently winning prestigious and highly acclaimed and competitive international hospitality awards.

The leading locally-owned hotel groups on the island include the following:

Table 25: Local Hotel Groups

Beachcomber Hotels	Indigo Group Hotels
Lux Resorts and Hotels	Veranda Resorts
Attitude Resorts	Constance Hotels and Resorts

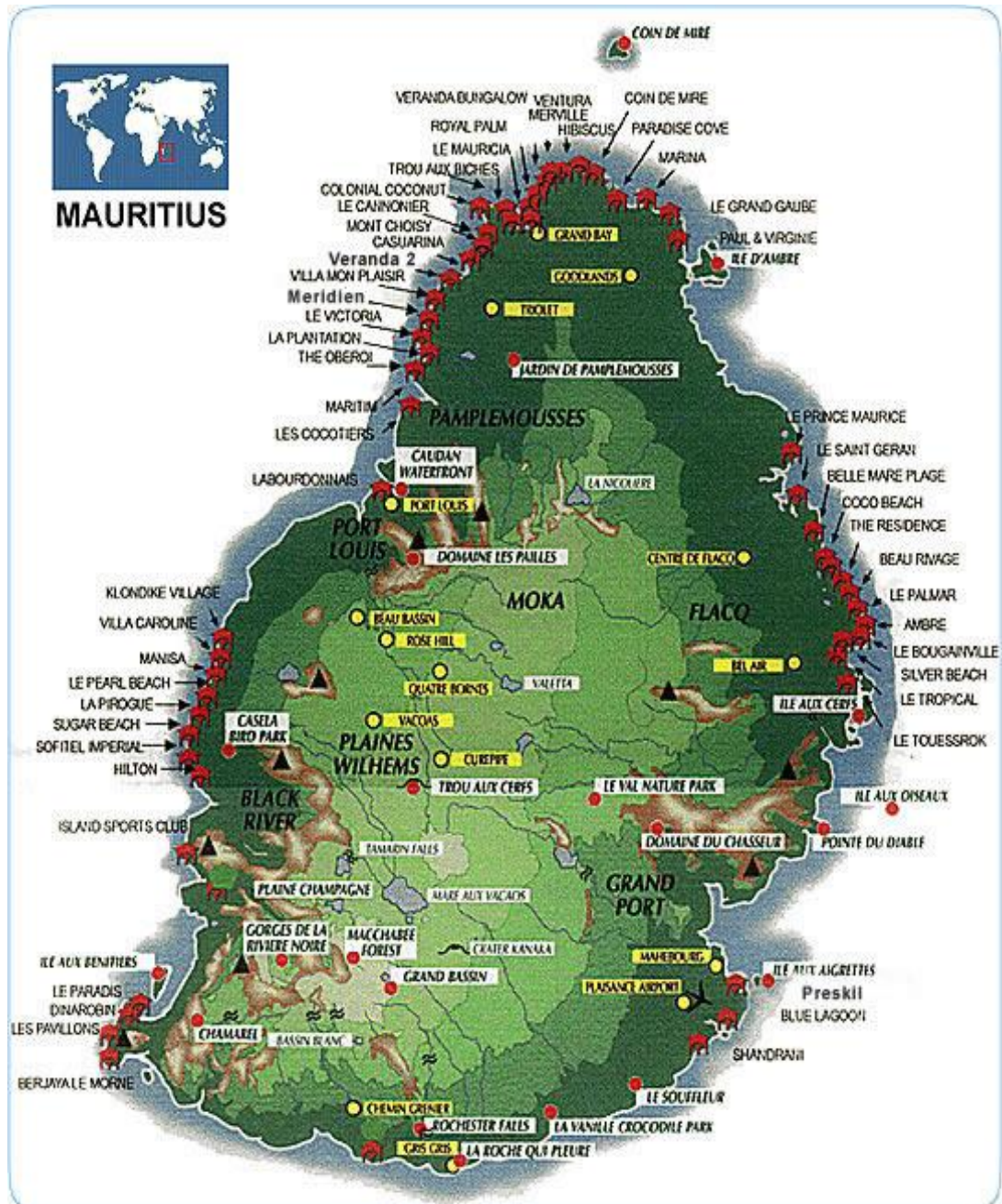
On the other hand, the main and large hotel international chains and players which have established an operation in Mauritius are the following:

Table 26: International Hotel Chains

Le Meridien	Hilton	Sofitel
Holiday Inn	InterContinental	Starwood
Four Seasons	Sun Resorts	Maritim
Westin	Club Mediterranee	Oberoi
Outrigger	One and Only	The Residence

The large hotels, consisting of both the locally-owned and international hotel chains, currently operating in the country are mainly located on the coastal regions as shown by the geographical map of the island (Figure 17).

Figure 17: Location of Main Hotels in the Country



Some of the local groups have even internationalised their activities and operations as part of their expansion strategy e.g. Lux Resorts and Hotels, Constance Hotels and Resorts and Beachcomber Hotels are now also

operating overseas (Seychelles, Madagascar, Morocco, Maldives, Reunion Island, China..) with local managers being posted as expatriates.

The 1980's and 1990's also witnessed the introduction of professional human resource management in the large resort hotels employing more than 250 employees; later, this was followed by the subsequent establishment of in-house hotel training schools and centres. Thus, there is today greater awareness of the importance and potential contribution of the human resource management profession to the tourist industry while corporate training in hotel management and operations has also gained momentum.

In the meantime, as a result of the rapid growth in the hospitality sector, many employees were "required" to move up to supervisory, frontline and middle management positions in the hierarchy and some were even promoted to departmental manager positions without much grooming, preparation and training. In those circumstances, how could one now expect the supervisory staff to effectively cope with the rising demands of exacting tourists who are looking for value for money? In fact, the absence of a well-established hotel and tourism culture at that time and the lack of 'mental' and intellectual predisposition and preparation were major human resource obstacles.

Interestingly, already emphasis was laid as back as 1971 on the need for employees in the hotel industry to live up to the expectations of the tourists. "Every member of our staff and personnel must be a genuine and perfect



host,” stated Amédée Maingard de la Ville-ès-Offrans, Chairman, Dinarobbin, on 10 December 1977, at the opening of the Trou Aux Biches Village Hotel (now Trou Aux Biches Golf Resort and Spa) in the northern region of the island.

So, as it can be gathered, the history of tourism in Mauritius, like in many other countries, has been marked by a number of phases; first there was a process of industrialisation (Hiller 1976) followed by a process of internationalisation (Lanfant 1980). According to these views, tourism usually begins on a small scale through the efforts of dedicated entrepreneurs. Later it becomes ‘nationalised’ with full Government support etc. and then internationalised when powerful external economic forces seek to exploit the tourist potential of the destination on a scale which surpasses local resources.

Table 27: Tourist Arrivals in Mauritius (1968 –2018)

<b>Year</b>	<b>Tourist Arrivals</b>	<b>Growth (%)</b> <i>(as compared with the previous year)</i>
1968	15,533	n.a.
1969	20,587	32.5
1970	27,650	34.3
1971	36,398	31.6
1980	115,080	-10.3
1981	121,620	5.7
1982	118,360	-2.7
1983	123,820	4.6
1984	139,670	12.8
1985	148,860	6.6

1990	291,550	10.9
1991	300,670	3.1
1992	335,400	1.6
1993	374,630	11.7
1994	400,526	6.9
1995	422,463	5.5
1996	486,867	15.2
1997	536,125	10.1
1998	558,195	4.1
1999	578,085	3.6
2000	656,453	13.6
2001	660,318	0.6
2002	681,648	3.0
2007	906,971	15.1
2008	930,456	2.6
2009	871,356	-6.4
2010	934,827	7.3
2011	964,642	3.2
2012	965,441	0.1
2013	993,106	2.9
2014	1,038,968	4.6
2015	1,151,723	10.9
2016	1,275,277	10.7
2017	1,341,860	5.2
2018*	1,410,000	5.1

Source: AHRIM 2018; Statistics Mauritius 2018b

\*Provisional

As shown in Table 27 and Figure 18, there has been an average annual growth rate of 9% for the last 10 years ending 2000. Moreover, this constant growth has been very much in line with the world tourism trends. However, a marked slowdown was noted for the year 2001 - greatly due to the effects

of the tragic events of September 11, 2001 and a fall in 2009 (-6.4%) as well as a relatively reduced progression in 2012/2013 (0.1% and 2.9% respectively) as a result of the world economic crisis.

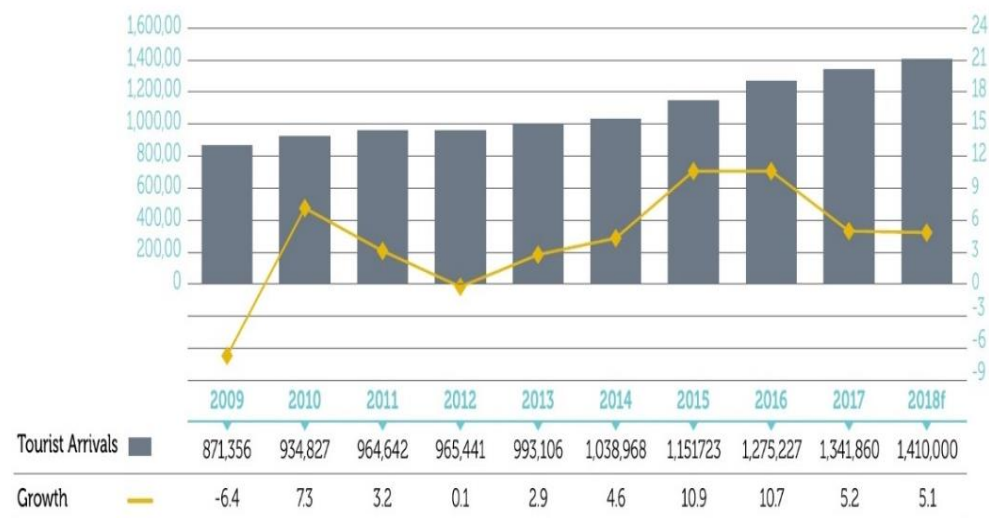
Figure 18: Total Tourist Arrivals



Source: Government of Mauritius 2018

Tourist arrivals realised double-digit growth in 2015/2016 well above world growth rates. Growth in the sector in 2017 was 5.2% and the forecast for 2018 is 5.1% - as reflected in Table 27 and Figure 19.

Figure 19: Trend in Tourist Arrivals and Growth in Mauritius, 2009-2018



Source: Statistics Mauritius 2018

As from 2017, tourist arrivals (1,341,860) have now exceeded the population and number of inhabitants (1, 265,000) of the country.

The tourist arrivals in the country by main purpose of visit since 2012 are shown in Table 28.

Table 28: Tourist Arrivals in Mauritius by Main Purpose of Visit (2005 -2017)

Year	Holiday	Business	Transit	Conference	Sports	Other & Not Stated	Total
2012	896,977	36,962	23,081	5,605	1,253	1,563	<b>965,441</b>
2013	923,247	36,616	22,684	6,866	1,920	1,773	<b>993,106</b>
2014	969,524	37,715	21,012	7,072	1,797	1,848	<b>1,038,968</b>
2015	1,077,739	42,028	21,741	6,311	2,408	1,496	<b>1,151,723</b>
2016	1,200,047	44,133	21,302	6,264	2,120	1,361	<b>1,275,227</b>

2017	1,260,231	46,856	25,134	5,700	2,592	1,347	<b>1,341,860</b>
<b>2017 as a % of Total</b>	93.9	3.3	2.4	0.2	0.1	0.1	<b>100</b>

Source: AHRIM 2018; Statistics Mauritius 2018b

The Mauritian experience so far has revealed that any slowdown in the tourism activity has been offset by rapid growth in the following years. Moreover, the reputation that Mauritius has earned internationally over the last 30 to 40 years as a safe and selective destination which is far from the potentially risk zones lead observers to believe in the future growth of the industry.

In addition, the political and social stability prevailing on the island also provide the necessary comfort to these observers and to the international tourism community at large.

At the end of 2017, there were 112 operational hotels, 236 guest houses and 723 tourist residences that were directly employing a total of 30,974 persons. As it can be noted in Table 29, the total room capacity for these registered hotels in operation increased from 13,544 in 2017 to 13,621 the following year with 114 hotels in operation.

Table 29: Hotel Development and Room Capacity in Mauritius (1971–2017)

<b>Year</b>	<b>Hotels</b>	<b>Room Capacity</b>
1971	22	811
1980	43	2,201
1985	55	2,630
1995	95	5,977
2000	95	8,657
2007	97	10,857
2010	112	12,075
2011	116	12, 737
2012	118	12,720
2013	114	13, 094
2014	115	13,152
2015	115	13,617
2016	113	13,605
2017	112	13,544
2018	114	13,621

Source: AHRIM 2018; Statistics Mauritius 2018b

The growth and evolution of the hotel and room capacity over the last 10 years is indicated by Table 29 and Figure 20.

Figure 20: Accommodation and Tourist Arrivals, 2008- 2017



Source: Statistics Mauritius 2018b

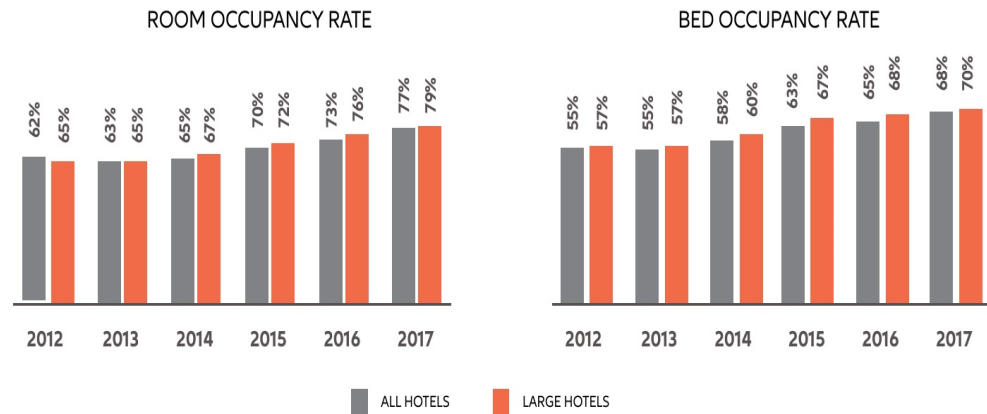
Over the last decade, tourist arrivals increased by 4.9% on average each year while hotel accommodation grew by 2.0% and non-hotel accommodation grew by a staggering 12.9% each year on average.

‘Large’ hotels, as referred to above, are well-established beach hotels with more than 80 rooms, numbered 42 (42% of all registered hotels). These ‘large’ hotels have a room capacity of 7,981 with 16,027 bed places, representing 76% of both total room capacity and hotel bed places.

Normally, the 3 to 5-star large hotel operations employ an average of 400 employees each.

As indicated in Figure 21, the average room occupancy for all licensed hotels in operation for the year 2017 was 77% and bed occupancy was 68%.

Figure 21: Room and Bed Occupancy Rates



Source: Government of Mauritius 2018

It can be observed from Table 30, that France, with a market share of 21.3%, Reunion Island (11.5%) and U.K (11.1%) in 2017 have been the largest sources of our tourism market over the last five years. South Africa (8.2%), Germany (8.1%), India (6.3%) and China (6.2%) are also important tourist sources for the local market.



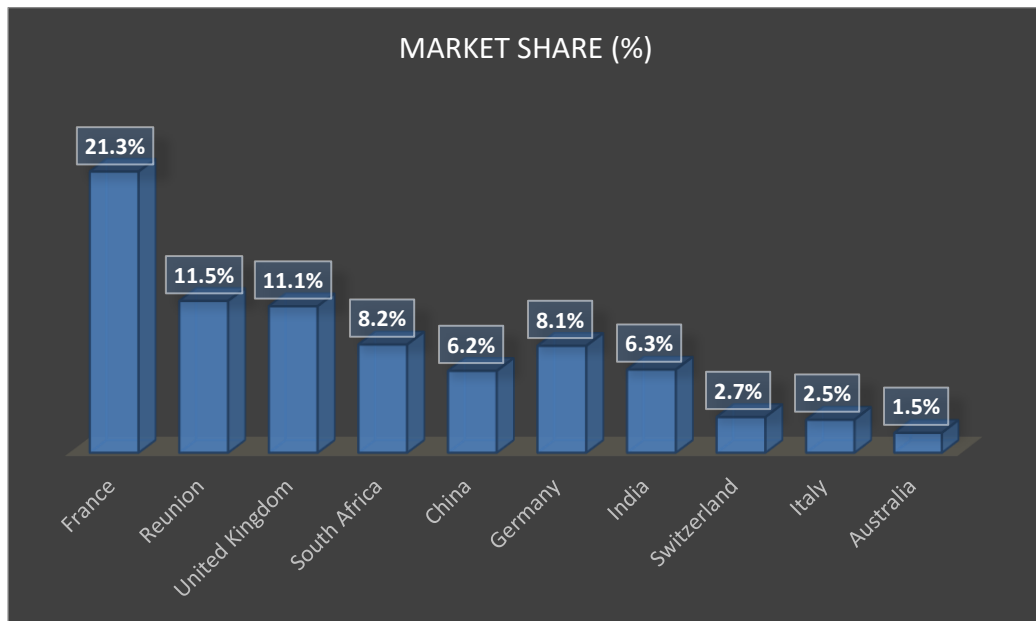
Table 30: Top 10 Tourist Markets (2014-2017)

<b>Country of Residence</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>Market Share (%)</b>
France	243,665	254,362	271,963	273,419	21.3
Reunion	141,665	143,834	146,203	146,040	11.5
United Kingdom	115,326	129,796	141,909	149,807	11.1
South Africa	93,120	101,954	104,834	112,129	8.2
China	63,365	89,585	79,374	72,251	6.2
Germany	62,231	75,272	103,761	118,856	8.1
India	61,167	72,145	82,670	86,294	6.3
Switzerland	29,285	30,697	36,272	40,252	2.7
Italy	29,557	29,250	31,339	35,101	2.5
Australia	17,529	17,900	18,559	21,271	1.5
<b>TOTAL</b>	<b>856,910</b>	<b>944,795</b>	<b>1,018,900</b>	<b>1,057,437</b>	<b>79.4</b>

Source: Statistics Mauritius 2018b

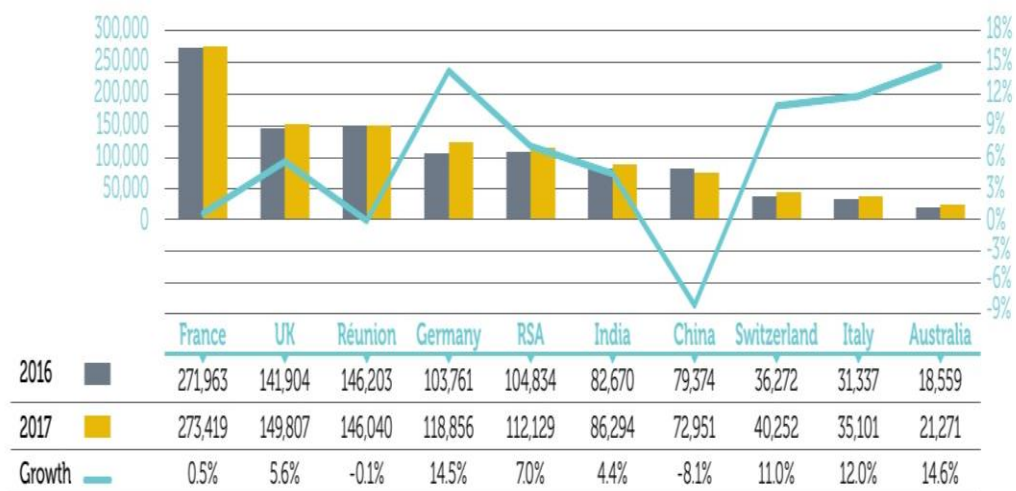
The share of market for these countries is reflected in Figure 22. The top 10 tourist markets represent nearly 80% of the total tourist arrivals for 2017.

Figure 22: Tourist Arrivals 2017 by Market Share and Country of Residence



The trend in the tourist arrivals from the main and emerging markets for the last 2 years (2016-2017) are reflected in Figure 23.

Figure 23: Arrivals - Main and Emerging Markets and Growth, 2016-2017



Source: Statistics Mauritius 2018b

In the Indian Ocean region, tourism statistics reveal that, among the 5 regional states (Comoros, Madagascar, Mauritius, Reunion and Seychelles), the growth has been more pronounced in Mauritius in the recent years.

In fact, with the exception of Reunion Island, the Indian Ocean countries are all witnessing significant growth in their tourism industry. In absolute terms, Mauritius realised gross tourism receipts of US\$ 1,666m in 2015.

Thus, both in terms of tourist arrivals and gross tourism receipts, it can be argued that Mauritius leads the Indian Ocean tourism league.

In its endeavour to maintain its market leadership in the region, much more will be expected from tourism and hospitality partners to permanently reassess practices in the industry e.g. upgrading the tourism product and reviewing human resource management practices, including an audit of employees' health and psychological well-being in the light of recent development and expansion. It is obvious that such a state of affairs will inevitably exercise more pressures on hotel managers and employees in the coming years.

This situation has even worsened by the very fact the two other main revenue streams of the Mauritius economy, i.e., the sugar and textile industries are facing serious threats from the dismantling and expiry of all forms of support and protection (quotas, subsidies and guaranteed prices in regional blocks,

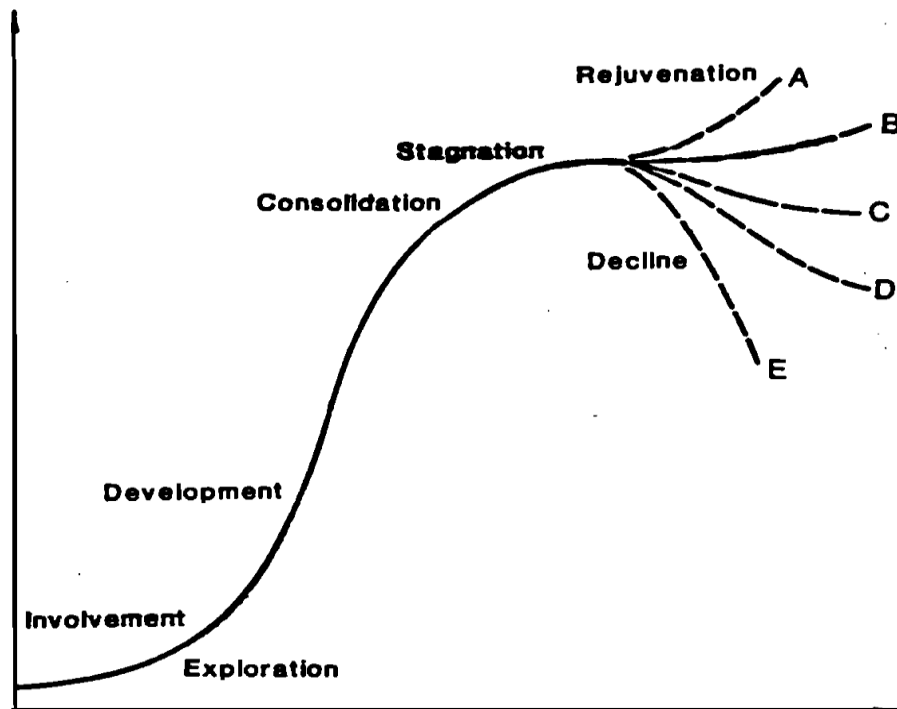
e.g. the ACP countries, EU etc.) and increased competition from the newly emerging economies.

As a result of these new realities, the tourism and hospitality sector is being viewed as a timely pillar for future economic sustainability. Hence, the need for the industry to consolidate its current position in the Mauritian economy inevitably renders the work of hotel managers, in the very first instance, more demanding before cascading to the other levels of the industry.

### 3.3.1 Resort Destinations and Hotels

Since Mauritius is mainly a resort destination, it is important to underline that employment and the future of work in the industry are subject to the predictable cycle of evolution with the six identifiable stages of development as opined by Butler (1980; 2008) and illustrated in Figure 24.

Figure 24: Tourist Cycle of Evolution



Source: Theoretical Stages of the Resort Cycle. After Butler 1980; 2008

### 3.4 The Importance of the Tourism Industry and its Benefits

The “Tourism equals Development” philosophy claims that tourism brings in foreign exchange, employs more people (being a labour-intensive growth industry) and that tourist expenditures have a large ‘multiplier effect’ (Seetanah 2011; Pratt 2015) the direct spending of tourists on travelling and transport, accommodation, food and other services in Mauritius has a corresponding effect on incomes in the destination. Tourism multipliers stimulate the national economy and raise the standard of living.

In general, the impact of tourism and of all the related secondary processes and their incidence on the Mauritian national economy cannot be underestimated (Fauzel et al. 2017).

In the recent years, the tourist industry has been expanding at a fast rate, making it one of the most dynamic sectors of the Mauritian economy. In the last 10-12 years, tourism has progressed to be the first most important economic activity of the island followed by export oriented enterprises and information and communication technology. Investment in this sector has been quite sustained and it has been translated by an expansion in hotel room capacity as well as in qualitative improvement in hotels.

The decline in sugar prices, the relative “instability” and growing competition in the textile sector and the leap forward within the tourism industry itself as indicated earlier potentially make the tourism industry the leading and driving economic force for the nation.

The setting up of the Mauritius Government Tourist Office (MGTO) in 1989, the Mauritius Tourist Promotion Authority (MTPA) in 1996 and the Tourism Authority in 2003 and the existence of a full-fledged Ministry of Tourism are clear indications of Government’s policy and commitment to promote and further develop this sector. The Mauritian Government’s policy in this respect is very clear and has been widely publicised over the years, i.e. the country will only encourage up market tourism which aims to attract a sustainable

number of high-spending visitors staying for a longer period with the highest average propensity and capacity to spend, hence generating the largest impact on employment per visitor at a minimum social cost. Mass tourism is surely not on the Mauritian tourism agenda, at least for the time being. (Ministry of Tourism 2018).

Besides the direct economic benefits, tourism is also known to be an agent of change both socially and culturally. The importance of tourism to an economy can be measured by examining the ratio of income generated by tourism to Gross Domestic Product (GDP).

Table 31: Value Added in Hotels and Restaurants to the GDP 1990-2017

<b>Year</b>	<b>Contribution to GPD (Rs M)</b>	<b>% of Gross Domestic Product</b>
1990	1,055	3.2
1991	1,222	3.3
1992	1,449	3.4
1993	1,791	3.7
1994	2,132	3.9
1995	2,485	4.1
1996	3,054	4.5
1997	3,653	4.9
1998	4,861	5.5
1999	5,630	6.0
2000	5,860	5.6
2001	7,430	6.3
2002	8,923	7.1
2003	9,434	6.9

2004	11,296	7.4
2005	12,423	7.7
2006	15,500	8.5
2007	19,517	9.4
2008	20,048	8.6
2009	17,748	7.4
2010	22,037	24.2
2011	23,921	8.5
2012	24,817	3.7
2013	22,393	-9.8
2014	24,540	9.6
2015	26,878	5.2
2017	32,581	5.2

Source: Statistics Mauritius 2018b

It can be noted that over the last 17 years, the contribution of hotel to the GDP of the island has increased by more than 6 times in absolute terms.

Table 32: Gross Tourism Receipts (1990-2018)

<b>Year</b>	<b>Gross Tourism Receipts (Rs Million)</b>	<b>% Difference</b>
1990	3,630	-
1991	3,940	8.5
1992	4,655	18.1
2000	14,234	4.1
2001	18,166	27.6
2004	23,448	20.8
2006	31,942	24.5
2007	40,687	21.5
2008	41,213	1.27

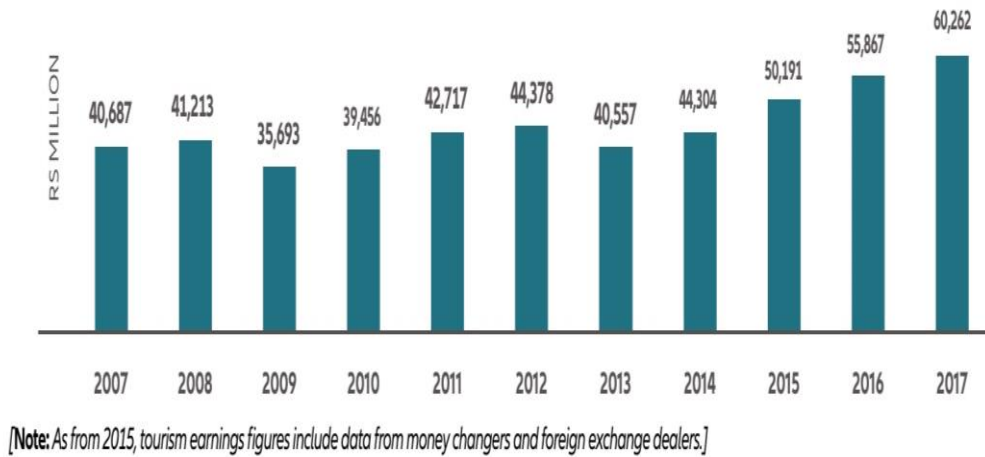


2009	35,693	-15.4
2010	39,456	10.5
2011	42,717	8.3
2012	44,378	3.9
2013	40,557	-8.6
2014	44,304	9.2
2015	50,000	12.9
2016	55,867	11.7
2017	60,262	7.8
2018	64,000	3.7

Source: Statistics Mauritius 2018b

Based on contemporary trends, and taking into consideration recent measures for the review of the policy and liberalisation of air access coupled with more aggressive promotional campaigns, tourist arrivals for the year 2017, as already indicated, reached 1,341,860m (i.e, 5.2% higher than the previous year). According to figures from the Bank of Mauritius and Statistics Mauritius (2018b), and as also mentioned in Section 3.3 and in Table 24, tourism receipts for the year 2017 amounted to Rs 60,262m thus representing an increase of 7.8% over 2016. In fact, over the period (1990-2017) the gross foreign exchange earnings of the country also increased by nearly fifteen fold and these are reflected in Table 32 and Figure 25.

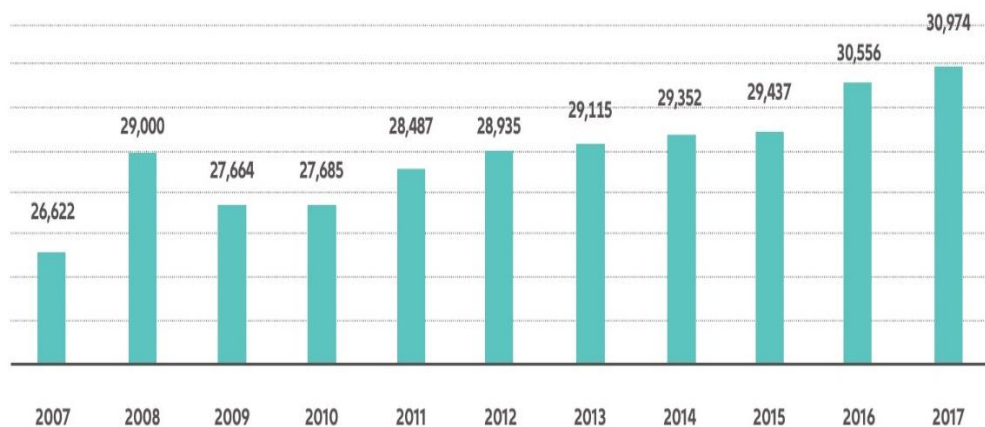
Figure 25: Tourism Receipts and Earnings (2007-2017)



Source: Government of Mauritius 2018

The impact of tourism is also measured in terms of employment creation. The various activities related to tourism activities generate employment both directly and indirectly. As shown by Figure 26, direct employment figures in the large establishments of the tourism industry reached 30,974 in 2017 (Government of Mauritius 2018).

Figure 26: Employment in the Large Establishments of the Tourism Industry



Source: Government of Mauritius 2018

Of this number, 78% (or 24,139) were engaged in hotels. It is estimated that the secondary activities related to the core tourism business have offered employment to an additional number of around 53,390 people thus making it possible for a total of 84,364 employees to participate and assist either directly or indirectly in the country's national tourism endeavour.

The following snapshots illustrate features of the resort environment in Mauritius and capture the reality of working life in hotels.

#### Snapshots Illustrating Hotel Workplaces and Settings in Mauritius





### 3.5 Issues and Challenges

Based on existing trends and indications, tourism has now become a real powerhouse for economic growth in Mauritius. But there are indeed a number of key issues and challenges, which need to be appraised (Ministry of Tourism 2018).

- (1) Talent attraction and acquisition – The tourist and hospitality sector does not always attract the best intelligence and talents. The underlying causes need to be investigated and addressed upfront in an industry which is booming
- (2) Capacity building in the sector - the existing training and development facilities are by far inadequate at all levels (operational, middle and senior management)
- (3) Ecological and environmental dimension - the protection of the environment whilst sustaining touristic development must be dealt with intelligently in the interests of all parties concerned
- (4) The right balance - how can the interests of both the local population and those of the tourists be protected and reconciled?
- (5) Internal Tourism/Green Tourism - this needs to be further developed to diversify and improve upon the local tourist product and value proposition
- (6) Pressures and 'Stress' – increasing pressures at work resulting from greater demands, work exigencies, competitive forces and the performance imperative.

Over the years, the nature of the tourism trade in Mauritius has changed tremendously. Today, it is more about offering a total hotel service/product whereby emphasis is on quality service/product and customer service and excellence.



Hence, Mauritian Hotel Managers are today experiencing a relatively different and more demanding work environment altogether. From being traditionally reactive, their role today has to be more proactive and creative. They even have to be constantly more innovative to be competitive and able to hold a decent market share of the tourism and hotel business. The hotel industry must live up to the reality that the new order of the day is that everybody goes for the best and that only service quality and world class standards are the real differentiators in a highly competitive environment.

Former UNWTO Secretary-General Taleb Rifai (2018d) stated that: “..there is still significant potential for further expansion in the coming decades. Established, as well as new destinations, can benefit from this trend and opportunity, provided they shape the appropriate conditions and policies with regard to business environment, infrastructure, facilitation, marketing and human resources.” He further added “..nevertheless, alongside this opportunity, challenges will also arise in terms of maximising tourism’s social and economic benefits while minimising negative impacts. As such, it is becoming more important than ever that all tourism development be guided by the principles of sustainable development.”

However, it is unfortunate that, despite all the progress and advances in the industry, there is not much being done to promote employee health and well-being for sustainable human resource development and performance.

This is the real challenge for directorates, senior management, and HRM professionals in the industry; this research, therefore, attempts to shed light on the issues faced by hotel managers in view of promoting a better working and healthy environment in the industry.

### **3.6 Chapter Summary**

The trends in the tourism industry clearly indicate the emergence of a growing industry which is, nevertheless, exposed to such 'risks' as economic recession, natural calamities or man-made 'disasters'.

The tourist industry is known for being resilient and following each 'decline', it has bounced back and made considerable progress. Thus, as shown, the tendency worldwide and in Mauritius is that the industry will continue to grow, though at a slower pace, as a result of economic improvement and trends in the world economy. The issues and challenges facing this important industry for the Mauritian economy, including the increasing demands and work pressures, have also been discussed and highlighted.

## CHAPTER 4: THE HOTEL INDUSTRY, STRESS AND MANAGERS

### Outline of Chapter Four

4.1	Introduction and Structure of the Chapter
4.2	Hotel Work and Health of Managers
4.3	Role of the Hotel Manager in Mauritius
4.4	Work-related Stress in the Hotel Industry in Mauritius
4.5	Stress in Managers in the Hotel Industry
4.6	Human Resource Management: Conceptual and Strategic Issues
4.7	The New HRM Model and Leadership in the Hotel Industry
4.8	Research Direction and Purpose
4.9	What does the Study intend to address
4.10	Chapter Summary

#### 4.1 Introduction and Structure of the Chapter

The chapter explores the relationship between hotel work and the health of managers in the hotel industry.

The role and main attributes of the hotel manager are then explained and the increasing work pressures and stress inherent in the industry and faced by the hotel managers are discussed.



This is followed by a discussion of stress from the HRM perspective – which is the perspective and approach adopted for this study of stress in managers in the Mauritian hotel industry; both the conceptual and strategic issues pertaining to the HRM function are examined. Finally, the research direction and purpose are stated and the research intent is discussed, that is, how pressures from work, the work-home interface and the home-work interface affect the general health and well-being of hotel managers.

## **4.2 Hotel Work and Health of Managers**

The hotel industry as well as the nature and responsibilities of hotel work are known for their demands on managers and employees (O'Neill and Xiao 2010; O'Neill and Davis 2011).

It can be argued that the typical manager in any sector, especially the hotel and hospitality industry embodies three general states - the technical/professional, the emotional and the attitudinal.

The technical state refers to the skills set and technical or job-related competencies that will add up to the manager's mastery of knowledge and abilities to undertake and live up to the demands of a particular trade or profession.

On the other hand, the emotional state or disposition would indicate the feelings and moods which will influence and impact on inter-personal relationships, processes and organisational outcomes (Slaski and Cartwright 2002; Langhorn 2004; Goleman et al. 2013).

Lastly, the attitudinal or behavioural state refers to the existing sets of values and overall mindsets with regard to employee belongingness, commitment to organisational performance, work responsibilities and interaction with colleagues (Carmeli 2003; Rahiman and Kodikal 2017).

While each of the above general states is known to influence performance and the quality of results, the sound psychological health of these managers, in particular, is critical to the fulfilment of business objectives and the advancement of organisations altogether. (Hobson and Beach 2000; Schabracq et al. 2003; Robertson and Cooper 2010).

This is even more important for the hotel and hospitality industry which is a people-driven business requiring regular personal attention, availability and responsiveness to clients at all times, and some of whom can be extremely difficult and demanding (Kandampully 2006; Berezan et al. 2013; Oh and Kim 2017). The performance of this business activity is directly related and is very much dependent upon the overall disposition and quality of response, people and management.

It is the quality of human resources both in terms of skills and fit-for-work competences, on the one hand, and the psychological health and fit-to-perform disposition of hotel managers, on the other hand, that will be the differentiator and new source of competitive advantage for the hotel industry (Kim and Oh 2004; Connolly and McGin 2007).

#### *4.2.1 Emotional Labour and Hotel Managers*

The very nature of the tourism industry in many economies revolves around the concept of “hospitality” and quality service has become the hallmark of this industry, particularly in the hotel sector.

Service organisations, particularly hotels and hospitality employees are often called upon to ‘display’ desired feelings and emotions. In order to thrive and remain sustainable in this highly competitive environment, upbeat customer service and satisfaction are becoming critical differentiating factors. Behaving in emotionally positive and socially desirable ways is prescribed by an organisation for the benefit of clients (Ostell 1992). Employees are, therefore, being mandated to display organisationally-desired emotions and this is achieved through emotional labour (Hochschild 1983; Ashforth and Humphrey 1993). Hochschild argues that emotional labour is displayed through surface acting or deep acting and Ashforth and Humphrey bring in a third dimension to the process of emotional labour which is the expression of genuine emotion. While deep acting can be more effective than surface acting on customers and employees (Grandey 2003; Julian 2008; Chau et al. 2009),

in the long run, however, both forms of emotional labour can have adverse outcomes such as emotive dissonance, emotional exhaustion (Morris and Feldman 1997; Brotheridge and Grandey 2002) and burnout (Geddes and Kruml 2000). Regulation of the individual's emotions can be taxing especially when he does not feel like exerting the effort required (Fineman 1995; Martinez-Inigo et al. 2007).

While emotional labour plays an important role in the service industry, it can be argued that the hotel resort is the sector which relies most on regulated emotional expression to increase quality service. This can be explained by the fact that there are more business encounters and interactions in this particular business set up between customers and employees in the front line operations such as Guest Relations, Reception, Bar, Restaurant, Rooms/Housekeeping, Sports and Entertainment.

From the Human Resource Management perspective, the human capital represents an invaluable resource which is critical for an organisation's success. When employees' emotions are not in dissonance and when they are engaged in their work, they are more likely to bring value to their work and to the organisation (Adelmann 1995).

An emotionally healthy environment is conducive to more productive behaviour (Hartel et al. 2005). Thus, it is important that emotional labour be properly handled to allow for the right balance between organisational

outcomes and employees' health and well-being. Cooper and Williams (1994) argue that equal priority ought to be given to these two elements if an organisation is to remain healthy. Wanous (1992) indicates that an organisation needs to select personnel that fits the organisation climate and culture. The recruitment and selection process can, therefore, be transformed into a more effective tool to manage emotion work (Morris and Feldman 1997).

As discussed earlier, the state of health of managers impacts directly on their individual performance. It is, therefore, the responsibility of management to develop sound health management strategies in hotel organisations. The maintenance and promotion of good health for managers, indeed for all staff, is a key ingredient for organisation development and success (Sparling 2010; Ljungblad et al. 2014).

Business leaders are conscious of the fact that people are critical to the success of organisations; and, as such, the sound health and well-being of managers really matter. The assumption here is that employee health includes both the physical and psychological dimensions (DeFrank and Cooper 2013).

It must be underlined that there is currently no legal provision or obligation to promote and safeguard the psychological health and well-being health of employees and managers in the hotel industry in Mauritius; as matters stand, the existing occupational health and safety framework, unfortunately, caters

only for physical risks, hazards and industrial accidents in the country and the duty of care is limited to physical health (The Occupational Safety and Health Act 2005; 2012).

### **4.3 Role of the Hotel Manager in Mauritius**

An overall understanding of the hotel business/trade will help define and determine the profile and competencies of hotel managers and of their role in shaping the future contours of this new dynamic sector. The hotel industry operates on a 24 hour basis and is known for its long working hours which can, in reality, be quite demanding.

The hotel and tourism industry has emerged as a new pillar of the Mauritian economy in the last 40-50 years with the result that it is now one of the leading and most important economic activities in the country (World Bank 2011). In the local resort environment, the hotel industry is reputed for its high service standards and is highly labour intensive with the medium and large hotel establishments employing normally between 100 and 600 employees each. But, like in many other parts of the world, this industry is now under pressure resulting from the forces of increasing competition.

Hotel management as a profession is, therefore, perceived as being relatively new; most of the first cohort of hotel managers in Mauritius did not have extensive technical and formal trade-related training at the outset. With further expansion and development in the industry, many of those people who

were recruited at the lower echelons and ranks have been promoted to higher positions of responsibility based primarily on seniority, experience and on-the-job training. Thus, to a large extent, the older generation of managers have had no elaborate and formal technical or hospitality training and trade entry qualifications; many of them are still not systematically equipped and have been minimally exposed to formal professional training and established executive management and development education and programmes.

It must also be underlined that in the early days of the tourist and hotel industry in Mauritius there were only limited training facilities and infrastructure and opportunities in the country. It is only in the last 25 years or so that greater emphasis is being placed on professional training at all levels of the industry. The recurrent need for skilled labour and greater acumen and professionalism in the trade create a new environment and impetus for increased and advanced supervisory and senior management training altogether.

The situation has now evolved and nowadays the training landscape is quite different with public and private training institutions and players entering the sector. Thus, formal qualifications in the field of hotel management from universities, specialised hotel schools or other institutions of higher learning and experience acquired both locally or abroad or through the learning and training academies of the large international hotel chains (such as Hilton,

Sofitel, Shangri-La, Westin, InterContinental, St Regis, Meridien, Holiday Inn, Starwoods) and the others are today the standard requirements for aspiring to a managerial opening in the industry.

Managers in the hotel industry are generally responsible for the overall organisation and running of their respective departments and the entire hotel operations; besides, they must have a critical eye and attention for detail, enormous organisational ability and lots of drive and energy (resourcefulness). The following is a good representation of senior managerial positions and typical functions in a medium/large size hotel.

Table 33: Management Positions in Hotels

General Manager	Maintenance Manager
Resident Manager	IT Manager
Assistant Executive Manager	Diving Centre Manager
Reception/Front Office Manager	Security Manager
Rooms/Housekeeping Manager	Entertainment Manager
Food and Beverages Manager (Restaurant, Bar, Banqueting)	Purchasing and Stores Manager
Sales and Marketing Manager	Duty Manager
Reservations Manager	Administration and Finance Manager
Guest /Public Relations Manager	Landscaping/Environment/Gardens Manager
Training Manager	Golf Manager
HR Manager	Leisure, Recreation and Sports Manager
Executive Chef	Spa/Fitness Manager

Source: Author 2016



The main competencies and qualities which are required of managers are:

- problem-solving skills
- ability to deal with difficult and stressful situations
- initiative
- inter-personal and communication skills
- international exposure

The following are the main attributes expected of the typical hotel manager in Mauritius:

<ul style="list-style-type: none"><li>• customer focus</li><li>• team player</li><li>• leadership</li><li>• motivator</li></ul>	<ul style="list-style-type: none"><li>• consensus building</li><li>• coach</li><li>• results-driven</li><li>• solutions-oriented</li></ul>
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Source: Author 2016

#### **4.4 Work-related Stress in the Hotel Industry in Mauritius**

Despite the progress and growth achieved as demonstrated by various economic indicators, not many studies have looked at the employee and human dimensions of the tourist and hospitality trade. It is the intention of this study to explore these dimensions whilst addressing the core issue of this research based on managerial stress in the hotel industry in Mauritius.

Stress has been a subject and a field of interest, research and debate for the last 40 to 50 years. However, it is only recently that stress has been investigated upon in the tourist and hospitality industry.

Stress is a state of imbalance between the demands or pressures of a given situation or circumstance and the individual's ability to relate to it. Not all people and managers are capable of handling their own stress in an effective and durable manner. Many organisations alike do not invest in stress investigation and research which would have enabled them to develop and implement appropriate stress management strategies and intervention.

The different symptoms, signs and evidence of work-related stress in the hotel industry are referred to in Chapter 1 (Section 1.1).

This overall situation has become a matter of deep concern (WHO 2003c). There is evidence that work-related stress has dramatic impact in cost term to society and to organisations (Hoel et al. 2001). The adverse effects of work-related stress are likely to be felt in terms of impaired health, reduced outputs and performance, lost incomes. In addition, nations lose out grossly in terms of productivity and national income.

The rapid development of the tourism and hospitality industry in Mauritius (WTTC 2017b; 2018b) calls for a closer understanding and examination of the stress phenomenon. Whilst the resulting gains from this growth have so far been mainly of an economic nature to all the stakeholders, it is believed

that the progress and achievement realised can only be sustained provided the effective management of people in this industry is re-assessed.

Thus, effective and sustained management in the tourism and hospitality industry must be based on the current realities and challenges and call for ways and means to deal with difficult situations and cope with the increasing pressures of a growing industry as evidenced above.

#### **4.5 Stress in Managers in the Hotel Industry**

With progress in economic development, activities pertaining to the service sector are known to be growing rapidly in many countries (WTTC 2017; 2018); this situation results in increased demands and pressures from clients impacting all those people who work in this specific sector of economic activity (ILO 2003a).

This study examines an important aspect of managerial work, that is, work-related stress of hotel managers as they play a pivotal role in the industry. The research aims at examining stress in managers in the hotel industry in Mauritius from a human resource management (HRM) perspective. Whilst exploring the nature and extent of occupational stress in managers, a HRM approach for a greater insight and perspective of the challenges ahead for human resource professionals is being adopted. This approach also sheds light on how HRM impacts the business performance of the tourist and

hospitality industry and on the quality of working life in this important sector of the national economy.

As stated in Chapter 1, the 4 main objectives of the research are to:

- 1) investigate whether pressures from occupational factors influence and impact the psychological health of managers in the hotel industry in Mauritius
- 2) investigate whether pressures from occupational-home interaction impact the psychological health of managers in the Mauritian hotel industry
- 3) establish the possible relationship between pressures from home-occupation interaction and psychological health among hotel managers in Mauritius
- 4) explore the relationship between manager interests and hobbies and the home-occupation and occupation-home interfaces.

The above objectives are studied and discussed in greater depth and details in Chapter 5.

Managers play a critical role in terms of their personal contribution and importance of the responsibilities associated with their respective positions in the new economy. Generally, much more is being expected of the managers and the managerial class in today's economy.

What really differentiates a manager from the other occupations irrespective of the specific sector or nature of the industrial activity, is a combination of the following distinguishing characteristics of managerial work:

Table 34: Main Characteristics of Managerial Work

Leadership and inspirational ability
Vision and drive
Industry knowledge
Governance, responsibility and accountability
Competencies and personal training
Continuous professional development
Decision making and action
Supervision
Problem solving and control
Experience

Source: Author 2015

The above list is what differentiates managerial work. It is, therefore, important for this study of stress in hotel managers to examine how stress affects and impacts their health and well-being as individuals and as policy shapers. It must be underlined that the actions of these managers also impact the lives of employees.

The industry depends to a large extent upon the quality of the management. (Hoque 2000; Ladhari 2009; Kandampully et al. 2013). If the managers do not perform at their optimum level possibly due to excessive pressures

resulting in ill-health, the same situation can be expected at the lower occupational grades and levels of the organisation.

According to the ILO (2003b), a particular source of stress in the hospitality sector arises in situations which are not well-defined at work. Employees including managers indicate that the distribution of responsibility and a lack of control over their work create stressful situations.

The economic rationale for the hotel industry to be competitive and continuously improve service quality surely contribute at the same time to the increased work pressures on managers in this sector; the fragility and vulnerability of the sector (being exposed to natural calamities of different types and degrees of severity, and other economic and cyclical downturns) are such that managers have now to deploy additional efforts overall to safeguard their own jobs while having to retain talent and skilled employees.

The performance imperative and the urge to be always better than the other industry operators are sources of pressures for the hotel managers; these pressures and sources of stress add up to the already existing pressures arising from the “competition” from within the hotels themselves in view of the managers’ own self-interest and further advancement e.g. personal ambition, career progression, promotion etc. (Sarabakhsh et al. 1989).

Furthermore, and as mentioned in Section 4.2 of the chapter, by having to behave in emotionally positive ways prescribed by the organisation for the benefit of clients and display a climate of “all is for the best” at all times, managers would generally conceal their true emotions and feelings in respect of a specific encounter (Ashforth and Humphrey 1993; Hochschild 1993). Such disposition and behaviour can be demanding as they may go against a manager’s real motivation (Fineman 1995).

Thus, the very nature of the hotel trade, having to display socially desirable behaviours, the working conditions and the ever-rising pressures in the tourist hotel industry can all impinge directly on the health and well-being of managers and the interface between work and home life.

#### **4.6 Human Resource Management: Conceptual and Strategic Issues**

Human resource management (HRM) has indeed come a long way in recent times which have witnessed dramatic shifts in its role, scope and direction. From a mere traditionally caring and welfare role, the function has evolved (Armstrong 2000) and established itself professionally; it has today secured a reasonably well-grounded position at the corporate boardroom level.

In the new working environment, HRM is defined as “the design, implementation and maintenance of strategies to manage people for optimum business performance including the development of policies and processes to support these strategies” (CIPD 2003). HRM, therefore, consists of a series

of integrated decisions about the employment relationship that influences the satisfaction of employees and the effectiveness of organisations (Milkovich and Boudreau 1994).

The interest in the effective management of HRM has grown over the years and more organisations hold the view today that the effective deployment of employees offers a distinctive and non-imitable competitive edge (Guest 2002). In fact, the ground-breaking study of Huselid (1995) and an interesting number of studies report a positive relationship between HRM practices and corporate performance (Guest 2002).

#### *4.6.1 Shifts and Changes*

There are fundamental shifts and changes in the current and anticipated workforce. These impact the practice of HRM and constantly pose challenges as well as opportunities to human resource practitioners today (Jiang and Susskind 1997); these changes are classified into the following 5 broad categories:

Table 35: Changes in the Workforce

<p><b>Economic and Business Changes:</b></p>
<ul style="list-style-type: none"><li>• Shifts of manufacturing to service industries</li><li>• Increasing number of business mergers and strategic alliances</li><li>• An increasingly global economic and business environment</li><li>• Intensifying domestic and international competition</li><li>• The constant need for organisational re-structuring and rightsizing</li></ul>



**Demographic Changes within the Workforce:**

- Women's entrance into the workforce
- Increase of racial/ethnic minorities in the workforce
- Increasing number of dual-career families
- Increasing number of labour force entrants with inadequate skills
- Increasing variety of family structures/patterns
- Changing composition of the workforce with respect to gender, age, ethnicity, family status, life-style, physical ability/qualities, sexual/affectional orientation, or any combination of these

**Changes in Work Patterns:**

- Changing work schedules (flexitime, compressed week and other alternative work schedules)
- Growth of contingent workers (part-timers, temporary employees, sub- contractors, etc.)
- Telecommuting (working at home or at telecommuting centres)
- Expatriation and repatriation of foreign assignees

**Technological Developments:**

- Electronics work places
- Increasing reliance on automation and technology
- More sophisticated information and communication technology
- The rapid development of the information superhighway , such as the internet

**Social Changes:**

- Increasing diversity, multi-ethnicity and multi-culturalism
- Increasing social/government legislation
- Greater concern for employee rights and privacy and confidentiality of personal data and information
- Greater awareness of legal and ethical issues in the workplace

Source: Jiang and Susskind 1997

The changes above certainly impact and influence the nature and role of the HRM function and shape the future of the profession. In fact both the nature of work itself and HRM are changing. HRM is rapidly evolving in the wake of new organisational realities and a changing business landscape

characterised by new demographics and the emergence of a new and different workforce (e.g. with the millennials) which has no lifetime allegiance to the same employer. Hence, more and more, HRM practitioners will be confronted with issues impacting on performance, including the state of psychological health and well-being of employees as well as the management of stress. This new situation will be the real challenge for HRM and the world of work.

#### *4.6.2 The HRM Perspective - HRM Approaches and Models*

There are fundamental differences between people as an asset and the other traditional assets such as finance or technology (Gratton 2000).

People as human beings are definitely more complex to manage as they have various interests, needs and aspirations and these change over time. This highlights the need and importance for organisations to view the management of people as one of the most important assets with great interest and consideration. The different orientations that HRM should take will depend on the nature of the business, the management philosophy and the environment within which it is operating.

Over the years, there have been several attempts at understanding and developing the different approaches for HRM. The two best known schools of thought in HRM are referred to as the 'hard' and 'soft' approaches; these are portrayed by the Michigan and Harvard models respectively. In essence,

the 'Michigan model', also known as the hard HRM approach, places great emphasis on a strategic approach; it links workforce management to organisational strategy. This model perceives employees as passive and as an expense.

For its part, the 'Harvard model' or the soft HRM approach is based on the concept of mutuality; in this approach, both parties have mutual goals and responsibility leading to more pronounced employee commitment thus resulting in better outcomes for both the employees and the organisation. Employees are viewed here as a source of competitive advantage.

There is another approach whereby the 2 models are combined into a normative/prescriptive approach known as the "normative approach": the strategic integration of HRM with the goals of the organisation and employee commitment to organisational objectives (Guest 1989; Storey and Sisson 1993).

According to the Brockbank model (1999), the HRM functions of the organisation may be divided into two categories, namely, the operational (routine, the day to day activities etc.) and the strategic (long term, value addition, integration level etc.) aspects.

The 'fit approach', in the form of a cost-leadership approach (mass production) or differentiation approach (originality or quality), is likely to lead

the firm to competitive advantage (Schuler and Jackson 1987). Walton (1985) and Guest (1987), on the other hand, propose an HRM approach, whereby processes of fundamental applicability but perceived as being ‘the best practice’, be implemented for staff regardless of the firm’s business strategy. The ‘best-practice approach’ backed by top level commitment, appropriate measurements and rewards should normally lead to performance improvement.

For their part, Boxall (1996) and Barney (1991) believe that the adoption of a ‘resource-based approach’ whereby the organisation hires or develops specific competencies, possibly unique to itself, could provide the organisation with a competitive edge.

Some other authors and writers have referred to different typologies for the study and practice of HRM. According to Becker et al. (2001), there can be 4 perspectives; these are described in Table 36.

Table 36: The 4 HR Perspectives

<b>The personnel perspective:</b> the organisation hires and pays people but does not focus on the hiring of the very best or developing exceptional employees
<b>The compensation perspective:</b> the organisation uses bonuses, incentive pay, and meaningful distinctions in pay to reward high and low performers

**The alignment perspective:** senior management views employees as strategic assets, but it does not invest in HR's capabilities. Therefore, the HR system cannot leverage management's perspective

**The high performance perspective:** HR and other executives see HR as a system embedded within a larger system of an organisation's strategy implementation. The organisation manages and measures the relationship between the two systems and the organisation's performance.

Source: Becker, Huselid and Ulrich 2001

All these perspectives and models reflect the current thinking and expectations of stakeholders and call for a new approach to the management of human resources altogether as real and competitive advantage come not merely from the people, but, more importantly, from the way organisations manage them (Nalbantian et al. 2004).

Since HRM relates to the strategic management of people and values employees, it must, therefore, be concerned with their well-being and the rising problem of stress at work.

The different HRM approaches highlight the growing importance of the HRM function in organisations and pave the way for the evolution of human resources (HR) as a strategic asset. It is with this backdrop that the research on work-related stress in the hotel study is being undertaken.

#### *4.6.3 Strategic Human Resource Management*

In the light of the recent evolution and development in the conceptualisation of HRM, the function is being viewed and re-aligned as a strategic function (strategic human resource management - SHRM) focused on the business needs and strategic plans of the organisation (Purcell and Ahlstrand 1994; Dearlove and Crainer 2005).

The strategic management and development of HR in organisations has today become the new agenda for modern organisations which are driven by high performance and result-driven imperatives; in fact, this frame of reference for managers who perceive the HRM function as being capable of leveraging superior performance is the appropriate platform for the effective and strategic management of people at work (Hamel and Prahalad 1996).

The quality and management of our human resources at work have rightly become the concern and responsibility of all business managers; as indicated, the sound and proactive management of HR as a strategic asset has a positive incidence on an organisation's performance (CIPD 1997; Khandekar and Sharma 2005).

There are numerous studies which support the view that organisations with effective HRM tend to have higher levels of productivity (Fifz-enz 1990; Huselid 1995). The strategic role of HRM emphasises that people in the organisation are valuable resources representing a source of competitive advantage, if they are managed effectively. It is worth underlining that

competitive success is a function of organisational excellence, and senior management will hold HR partly accountable for it (Ulrich 1996); HR must, therefore, deliver according to a pre-defined strategy in which employee health and performance have a vital contribution.

For HRM to be really strategic and impactful, it has to encompass all issues which may influence employees' health and performance and it must be empowered and capable to address these. Strategic HRM cannot overlook the reality of work-related stress and its wide-ranging effects. Also, the way HR managers handle the problem of stress will have a direct bearing on the organisation's outcomes and performance. Thus, the strategic role of HRM usually assumes a long term and strategic focus (Jiang and Susskind 1997); the focus here is on both employee and organisational performance in a conducive and healthy working environment.

For his part, Ulrich (1996) has proposed a new framework for HR roles and activities. In his approach, he argues that HRM must have a new mandate and identifies 5 roles for HR practitioners, which are mainly:

Table 37: Evolution of HR Roles – Mid 1990s to 2000s

<b>Employee Advocate</b>	focusing on employee needs and vigorously representing employee concerns to senior management
<b>Human Capital Developer</b>	preparing employees to be successful in the future

<b>Functional Expert</b>	functional and technical efficiency
<b>Strategic Partner</b>	business partner with senior and line managers in strategy execution and implementation
<b>Leader</b>	besides functioning in each of the other four roles, leading the HR function, setting and enhancing the standards for strategic thinking and ensuring governance

Source: Ulrich 1996

As noted by Ulrich (1996), it is not expected that HR practitioners would play all 5 roles to the same degree; also, different roles have primary or secondary importance and have to be adapted to the organisation's objectives and priorities. Ulrich and Beatty (2002) believe that "when HR professionals master these roles and play them well, they will truly be adding value" (Heneman and Greenberger 2002: 108).

The crude reality is that, in all these respective roles, the HR professional is faced with the inherent problem of increasing work pressures and stress which must indeed be managed as a matter of priority; in essence, he can only progress professionally within the organisation if, among other imperatives, the issue of work-related stress is duly addressed and dealt with upfront.

In fact, the concept of value and the position that it holds in HRM today must guide HR and management practitioners to focus on the qualitative dimensions of HRM and not only on the potential quantitative benefits. The emphasis should, therefore, be on the state of health of managers and



employees. Real value is obtained when there is a balanced and humane approach to the achievement of organisational objectives.

#### *4.6.4 Alignment of Human Resource Management: Linking HRM with Business Strategy and Objectives*

HRM is no longer fragmented and disconnected but is rather viewed, at present, as an integrative function and activity (Holbeche 2009). HRM policies and activities cannot operate and work in isolation; to be able to really add and sustain value they have to align with and integrate into the corporate strategic focus and objectives (Beer et al. 1984). Organisations which are investing in the function wish to see the future impact of HRM on the bottom line and its real contribution in successfully achieving organisational goals and objectives. In this way, both the value and business strategy imperatives of organisations are being addressed. To achieve this, HRM policies and actions should also pay a close attention to the possible work performance obstacles, including undue pressures and increasing stress on the job. Without the stress dimension being fully taken on board in all future comprehensive HR initiatives, the approach could well be incomplete.

Schuler and Jackson (1987) and Pfeffer (1994) argue that by marrying HRM to business strategy, HRM is aligned to its surrounding context.

In fact, it makes good business sense to relate HRM activities to the corporate strategic focus and business strategy. All HRM solutions should promote the

vision and direction of the organisation and they must also be capable of supporting the organisation's strategic objectives. For this to happen, HRM thinking and policies should be in full alignment with the corporate objectives to which HRM has fully contributed; hence all HRM actions and initiatives have to integrate and connect with the strategic intent and address current and future business challenges. The agility of HRM to respond to the changing business environment and circumstances including work-related stress and the rising pressures would make the profession more credible among business leaders.

It is this full alignment of HRM with the business strategy and its adherence to the organisational mission which can help improve performance. There is today a wide-ranging consensus in both the developed and the developing nations about the strategic link between HRM, business performance and results. (Ulrich 1998; Marchington and Wilkinson 2008). It is understood here that the prevention and management of work-related stress is well within the remit of proactive, agile and forward looking HRM policies and practices.

#### *4.6.5 Measurement of HR Effectiveness and Occupational Health*

HR measurement and HRM metrics are mechanisms which help managers assess the effectiveness of the HRM systems and investments.

In fact, the measurement of HRM processes, results and outcomes adds both credibility and value to the profession and helps it gain momentum in

corporate boardrooms (Becker et al. 2001). In other words, measuring the performance of HRM and the contribution of the function to the achievement of strategic objectives and sustainable performance through healthy and engaged employees have become an imperative for high performance and the future of business.

Now that occupational health is becoming so critical for organisations, some form of measurement of the employees' state of health and level of "fit" should also be added to the broader HRM assessment framework by using the well-established and proven relevant scales.

Hence, measurement in HR must go beyond the mere economic concepts of productivity and value addition and their related dimensions; in reality, it should also assess the quality and state of the human assets and capital from an occupational health perspective by addressing the psychosocial aspects as well.

Assessing and evaluating work pressures and their impact on both the physical and psychological health and well-being of managers and employees should, hence, be a normal feature of any comprehensive and strategic HR measurement framework.

The study on work-related stress in hotel managers can only be further elucidated with the support and objective use of such measurement mechanisms.

#### *4.6.6 Human Capital Management*

On a more practical note, strategic HRM also lays the foundation for forward looking organisations to appraise and measure their human capital, i.e. the collective stock of knowledge, technical skills, creativity, experience and competencies needed to having a competitive edge and attaining organisational excellence (Baron and Armstrong 2007).

In a world where knowledge and connections to customers matter more and more, the management of human capital (HC) is becoming increasingly important. This concept of HC surfaced in the early 1960s (Schultz 1961; Becker 1964).

Human Capital Management (HCM), therefore, establishes the link between people as agents of production and the value of their contribution in the organisation's performance. In this respect, Baron and Armstrong (2007) argue that the emergence and growth of the 'HCM movement' is one of the latest developments in view of re-positioning the HR profession from a strategic measurement perspective.

While the new science of HCM makes it possible for executives to identify and understand the real human capital drivers of business performance (Nalbantian et al. 2004), it is essential to underline that, in this endeavour, the psychological health of employees is highly critical as the health and general disposition of employees will indeed determine the actual quality and the potential contribution of HC.

Here again, this new school of thought must live up to the reality of pressures and work-related stress in organisations and adjust its interpretation and approach accordingly as the human capabilities are subject to the work environment and its possible constraints. Thus, it will be more appropriate to balance the economic view with the psychosocial perspective.

#### *4.6.7 HR Value Proposition*

Ulrich and Brockbank (2005) have enriched the debate on the value and contribution of HR by proposing the HR Value Proposition framework which is illustrated at Figure 27 and which consists of five core components.

Altogether, this framework and its components form an integrated blueprint for the transformation of HR into a real business partner that can add stakeholder value.

Figure 27: The HR Value Proposition



Source: Ulrich and Brockbank 2005

The central tenet of the HR value proposition is that, with the scarcity of resources, activities which fail to add value are not worth pursuing; this implies that HR practices, departments and professionals have to produce positive outcomes for key stakeholders such as employees, line managers, customers and investors.

It must be recognised that some of the components of the framework are subject to the quality of HR available; in essence, they can really thrive and be capable of adding value if employees are able to operate at their optimal level. Thus, the psychological health and well-being of employees is a

precondition for the HR Value Proposition. In other words, this framework will fall short and not live up to the expectations if employees are deemed to be constantly pressurised and are not able to give their best. Hence, it is the responsibility of line managers and HRM to identify possible sources of stress at an early stage in view of sustaining the Value Proposition and give practical meaning to it which would eventually lead to HR transformation (Ulrich and Brockbank 2005); for example, the other dynamics at work and the relationship between work and home life must be fully understood and assessed by managers.

It is when HRM succeeds in leading this transformation that it will be recognised as a value adding management function and HR professionals will be fully accepted as strategic business partners. The ability to constantly create and add value is the real test for HRM.

HR transformation and its ability to create and add value are directly linked to the overall health and well-being of employees.

#### **4.7 The New HRM Model and Leadership in the Hotel Industry**

The position and role played by HRM in the hotel industry will shape and determine the future orientation and direction of people management and, more specifically, occupational health priorities both within the industry and the individual hotel organisations.

Given the context, more and more, the health and well-being imperatives in the hotel industry are becoming a major concern of HRM in the approach to minimise the stress level in employees and managers. In fact, this is the contribution that pro-active HRM can bring to the occupational health and employee well-being agenda in the hotel industry.

The management of hospitality varies across time, place and industry. There are work features and realities which are specific to the hotel industry and environment. Hence, likewise, the practice of HRM in the hotel industry is different from the overall nature and state of the profession in other sectors as the HRM constructs differ by economic sector, industry and organisation.

Thus, hospitality-specific HC must be defined, measured, and managed differently from other industries (Young et al. 2005). This is a situation that HR practitioners in the hotel industry must face and are called upon to take into account for the effective management of people, health and performance and for the design of related interventions in this sector. This reality is of direct relevance to the current research on work-related stress in hotel managers. The HRM perspective in the hospitality sector is, therefore, industry-specific and, hence, the stress management interventions in this industry must also be specific and customised accordingly.

By its very nature, the hotel industry is a labour intensive and service orienting activity which, in a fast and rapidly changing environment, is very taxing and



demanding on its managers; it is, therefore, imperative that the industry develops effective and customised HRM policies and practices integrating the health and well-being dimension to support its customer service strategies in view to achieving competitive success (Pfeffer 1998). What is even more critical is the contribution and role of HRM in promoting employee health and well-being in view of enhancing service quality, performance and productivity while minimising the stress level, known to be relatively high in the service and hotel sector in particular (Brymer 1982, 1984; Johanson et al. 2010).

Hence, HRM and leadership in a service environment and in an industry known for its work load and constant pressures is of great significance and importance as it will impact the overall climate and working environment and can contribute towards alleviating the stress level.

In the Ulrich's role model framework (1996), HR leadership is the sum of the other 4 roles (employee advocate, human capital developer, functional expert and strategic partner), but has implications also for leading the HR function and collaborating with other functions.

From a broader perspective, it is known that the behaviour and style of leadership of HR managers and their colleagues generally impact on employees' working lives at large; this will no doubt influence the individual performance of colleague managers and employees and their net contribution to the bottom line.

In addition, it is the inspiration and direction set by HR as a business partner and leader (Tyson 1985; Ulrich 1998) which will make a real difference and live up to the challenge, that is the leadership from HR (Ulrich and Brockbank 2005) as the custodian of the employee performance imperative by proactively addressing, among other things, the issue of stress, workplace health and employee well-being.

HR leaders in the hotel industry can, therefore, shape, drive and influence performance and transform businesses; this is now empirically well-proven across nations, culture and industries (Ulrich and Brockbank 2005; Mondore et al. 2011).

Similarly, result-driven HR leadership can be impactful for the hotel sector and can contribute to better and enhanced working life for all (Hoque 2000). In a world marked with constant change, characterised by a new economic landscape, the hotel industry must continuously adapt itself to the increasing competition and the new exigencies of the trade and of its valued customers. To face these challenges, Beer et al. (1984), Walton (1985) and Guest (1987) prescribe the new approach to HRM which is based on commitment from employees. Mattsson (1992) sustains the new model of HRM arguing that if the right values are inculcated among staff through a

Service Leadership approach, this will produce a contented and committed workforce which, in turn, will accept more easily organisational values and

attune more readily to organisational goals. Hoque et al. (2000) see HR outcomes as the primary goals of the organisation, which, if achieved, will lead to considerable organisational progress.

Business, HR and hotel leaders are not only agents of change (Furnham 2002) but must also become managers of transition and transformation. The transformational leadership style is likely to lead to a 'win-win-win' situation where the interaction of the HR leader and his staff mutually enriches each other, with resultant positive outcomes for the organisation (Burns 2003).

All the new expectations and challenges as highlighted above certainly add up to the already prevailing work pressures of hotel managers and can only be managed if the right equilibrium between the psychological health and well-being of managers, and the desired levels and standards of performance are maintained. The styles of individual managers are also critical in successfully promoting and sustaining the necessary standards of performance for staff without undermining their health and well-being.

So, the real challenge today for the HR leadership team and managers in the hotel industry in Mauritius is to address the issue of how to maintain the right balance between health and performance – and it is expected that HR will set the pace and shape the future managerial agenda regarding the management of stress and employee well-being. Hence, the quality of HR leadership is equally and crucially important in defining these new and sometimes complex agendas (Ashton 2000).

The HRM function is thus called upon to be more strategic in the hotel sector. The future will ascertain the strategic capability that HRM has to deliver accordingly in the tourism and hotel sector. To a large extent, the future success of any country depends largely on the HR leadership, the quality of its people and the contribution and value they bring to the organisation and the attention given to the health and psychological support systems.

The fact that the hotel and tourism industry is called upon to become a major pillar of economic activity in many emerging countries makes the management of HR and of employees' health in this industry even more critical. The leadership of HR practitioners is viewed as a key lever in this process and the prevention and management of work-related stress must be high on the performance and outcome agenda in the sector.

The HRM perspective as applicable to the hotel industry, therefore, encompasses all the relevant HR strategies, policies and interventions aimed at, among other objectives, managing and coping with the ever increasing pressures and stress level at work.

There are real challenges ahead for the HRM professionals in the hotel and hospitality industry. Much is, therefore, expected of the HRM function and its supporters today in understanding and helping to curtail work-related stress factors in view of creating a healthy and more conducive work environment for all.

#### **4.8 Research Direction and Purpose**

The overriding aim of this research is to assist the industry managers and HR practitioners to have a better understanding of work-related stress and of its effects and consequences on their personal health and well-being as well as its impact on the industry.

This research aims to explore possible relationships between work in the industry and the health of hotel managers. As discussed, the nature and content of work in the industry have evolved of late and there are new policy choices geared at the need to remain competitive; however, at the same time and, quite unfortunately, the impact of work and its demands on the psychological health of managers might have been grossly overlooked and underestimated.

Since the issue of employee health has to be at the centre of any serious study on work-related stress, and, more particularly, if it is conducted from the performance and HRM perspective, the objective is to explore possible relationships that may exist between work pressures and the psychological health of managers impacting their general disposition, motivation and performance. Likewise, the possible existing relationships of the interface between work and home on health as well as the interaction between home and work on the psychological health of managers are also being investigated in this study.

By focussing on the issue of work-related stress among hotel managers, and exploring the impact of work on health in the industry, the purpose of this study is to help understand these relationships and contribute to the on-going research and advance knowledge in the field.

These research objectives are explored and explained more explicitly in Chapter 5 (at Section 5.4) and the findings reported in Chapter 7 and discussed in Chapter 8.

Following the literature review and the assessment of the context and perspective from which the study is being carried out, the four main research questions and expectations which are explored and examined in this study are:

1) Does work impact psychological health?

The intention is to investigate whether pressures from occupational factors negatively impact the psychological health of hotel managers.

2) Does the occupation-home interface impact psychological health?

The aim is to establish the relationship between occupational-home interface and psychological health and whether the adverse impact of work factors on home life results in a poorer psychological health for hotel managers.

3) Does the home-work interface negatively impact psychological health?

This research question aims to establish the possible relationship between home-occupation interface and the psychological health of managers and to investigate whether the adverse impact of home factors on work life results in a poorer psychological health for the managers of the hotel industry.

4) Do the manager interests and hobbies impact psychological health and the home-occupation interface?

The aim of this research question is to explore any positive influence that interests and hobbies may have on the psychological health of managers and on the home-occupation interface.

#### **4.9 What does the Study intend to address**

This study sets out to discuss and examine the issue of work-related stress in hotel managers in Mauritius.

Since the hotel industry is a key economic activity in Mauritius and in which the role of managers is critical, there is great need to understand and examine closely the stress phenomenon as it may exist in hotel managers more specifically.

Stress is explained in this study as a psychological state which arises from the ways that people relate to situations and events and which results in them taxing or exceeding their resources for coping (Ostell 1995). Thus, how do hotel managers relate to and cope with specific work situations is an area which is explored and discussed further in this research.

While reference is made to the various theories of stress and research in the field, the intention is to attempt to look deeper into stress specifically in managers in the hotel industry by examining the impact and effects of work and the work-home and home-work interactions on psychological health.

As also stated in Chapter 1, the main objective of this research is to investigate whether there is any relationship between work demands and pressures and the psychological health of hotel managers in Mauritius.

The other aim is to examine and inquire whether hotel managers with low or poor levels of psychological health is a result and consequence of work pressures, work-home interaction or home-work interaction or both.

As underlined, this study of stress in managers in the hotel industry in Mauritius is conducted from the human resource perspective; as such, it draws, therefore, mainly from human resource theories, concepts and practices and examines the issue of work-related stress in the hotel managers and in their daily working lives.



#### **4.10 Chapter Summary**

As the study refers to “Stress in Managers in the Hotel Industry in Mauritius”, an attempt is made at describing the nature of work and the context and environment in which the hotel manager operates in Mauritius.

This chapter has reviewed and discussed the relationship between hotel work and employee health and the effects on the working environment and pressures on both individual and organisational performance.

The functions of the hotel manager in Mauritius are analysed and examined to better understand his role, attributes and specific responsibilities as well as the challenges ahead in a highly demanding industry and rapidly evolving and changing work environment.

A section of the chapter has focused primarily on the HRM dimension; as such, it has referred to the main stages in the evolution of HRM and the key concepts underlying the contemporaneous practice of HRM.

The direction and objectives of the study are highlighted as well as the importance of having a clear and sound understanding of the problem of workplace stress from the human resource perspective.

## CHAPTER 5: RESEARCH FRAMEWORK, DESIGN AND METHODOLOGY

### Outline of Chapter Five

5.1	Introduction and Structure of the Chapter
5.2	Research Need and Rationale
5.3	Research Philosophy
5.4	Aims and Objectives of the Study
5.5	Research Strategy, Design and Methodology
5.6	Structural Equation Modelling
5.7	Evaluating Measurement and Structural Models Using PLS
5.8	Sample of Hotel Managers
5.9	Chapter Summary

#### 5.1 Introduction and Structure of the Chapter

This chapter explains the overall research framework as well as the research need and rationale for undertaking this study.

The research philosophy is discussed and the aims of this study and main objectives of the research which is being undertaken on work-related stress in hotel managers in Mauritius are identified. The related research hypotheses are also stated.

The chapter sets out the theoretical foundation for developing the research strategy, designing the study and formulating the relevant methodology.

The research strategy, design and methodology that are respectively formulated justify the choice of the quantitative research method.

## **5.2 Research Need and Rationale**

So far, research studies have focused on tourism generally and on the operational aspects of the hotel industry (Brymer 2003; Hayes and Ninemeier 2006; Holloway et al. 2009; Sturman et al. 2011), but not specifically on hotel managers' health and psychological well-being. It is this lack of attention in previous studies and the existing gap in the relevant literature and knowledge base on the subject of occupational hazards and health relating specifically to hotel managers' general health and well-being which have prompted the interest and the current research.

The intention of this research, therefore, is to draw attention to the work and difficulties facing hotel managers as they attempt to cope with their rapidly changing roles in the workplace and to raise awareness of the implications these may have for their psychological health and well-being at large (Johanson et al. 2010).

The specificities of the Mauritian hospitality industry relating particularly to the managers' work are enumerated at Table 38.

Table 38: Characteristics of Managers' Work in the Hospitality Industry

- The pressure of the new work content as determined by the need for quality and service excellence
- The demands and aspirations of a more educated work force
- The growing and changing needs of tourists as a result of sociological and economic development
- The relatively long working shifts and weekly working hours
- The pressure of competition and inter-hotel as well as inter-group performance measurement and comparisons
- The constant dilemma of balancing home and work life
- The need and pressure of retaining customers and realising repeat business
- The divorce rate and family breakdown
- The tendency to retire earlier as a result of increased work pressure and illness
- The burnout and "wearing out" of managers
- The feeling of being useless after a certain age (e.g. when one reaches the age of 50 or more) in the resort environment where youth, action, dynamism and enthusiasm are the required and favoured personal attributes and behavioural characteristics
- The difficulty of attracting and retaining competencies and skills
- The need to interact and cope with expatriate managers with a different outlook
- Corporate Office/Headquarters' performance objectives, targets and directives in the case of large hotel groups
- The feeling and perception, that in the case of hotel chains, headquarters are cut off from daily hotel operations and problems - e.g. the feeling that corporate office does not add value by actively participating in hotel operations and events and or in crisis situations

- |   |
|---|
| - Unlike the other categories of employees in the hotel industry, the terms of employment and general working conditions for managers in Mauritius are not enforced by law or regulations but depend largely on top management discretion |
| - Scarcity of qualified and experienced manpower  |
| - Subject to the practice of employee poaching  |

Source: Author

The above realities highlight the numerous difficulties that hotel managers have to face and handle in their daily working life.

Despite the above, new hotel projects are being encouraged and room capacity is rapidly being expanded with a direct impact on foreign exchange earnings in the sector in line with government policy, but no (or very limited) consideration is being given to those who actually lead, drive and sustain most of the tourism effort and product and eventually “make it happen”, that is, the managers and employees of the hotel industry themselves. There is, unfortunately, no well-defined and elaborate attention paid to their psychological health and well-being.

Given the strategic importance of senior and middle managers’ position and the impact of their roles, attitudes, behaviour and interactions on their immediate environment, colleagues and subordinates, on the one hand, and the contribution of tourism in the national economy on the other hand, the time is opportune and appropriate to carry out in-depth research to find out

more about the nature and extent of the stress phenomenon in the industry and the possible resulting influences it might have on hotel managers' health and the long term performance of the industry.

Since not much is currently known about the level of occupational stress in the hotel industry, another purpose of this study, therefore, is to explore the interaction of working life and home life as well as the interaction of home and working life on middle and senior managers' psychological health.

The above aims are even more important to pursue as there has not been any research in this field so far in Mauritius.

### **5.3 Research Philosophy**

Research is a planned and systematic process of enquiry which aims at seeking solutions to problems and answers to questions (Allison 1993).

Research philosophy refers to a system of beliefs and assumptions about the development of knowledge and the way in which data about a phenomenon is collected, analysed and interpreted.

At every stage of the research process, a number of assumptions would have to be made. Thus, before discussing the individual research philosophies, it is important to consider the differences in the assumptions that each

philosophy makes as these will shape the direction of the research itself.

### 5.3.1 *Research Assumptions*

There are three major types of assumptions which are generally referred to:

- **Epistemological assumptions:** these are assumptions about knowledge and what constitutes acceptable, valid and legitimate knowledge in the field (what is known to be true). Such assumptions will determine the sort of contribution to human knowledge resulting from the research being carried out.
- **Ontological assumptions:** these assumptions refer to the nature of the world and reality; ontological assumptions determine the research objects and phenomena that will be focused on and how these will be approached.
- **Axiological assumptions:** assumptions about the role of values and ethics in the research process, that is, the extent and ways by which the values of both the researcher and the participants influence the research process.

A consistent and rational set of assumptions constitute a credible research philosophy and will inform the methodological choice, research strategy and data collection techniques as well as the analyses.

The main research philosophies can be summarised as follows:

- Positivism

Positivism has a long historical tradition and is closely associated with the scientific method (Allison 1993); it is described by its proponents as the most efficient means of investigating human and social behaviour (Aiken 1956).

Positivists believe that reality is stable and that the external world can be measured through objective methods (Levin 1991). The positivist focus is on strictly scientific empiricist method designed to yield pure data and facts leading to unambiguous and accurate human knowledge.

The advocates of positivism hold the view that predictions can be made on the basis of the previously observed and explained realities and their inter-relationships.

A positivist researcher might use existing theory to develop hypotheses. These hypotheses would be tested and confirmed, in whole or part, or refuted, leading to the further development of theory which then may be tested by further research.

Positivist researchers try to remain neutral and detached from their research to avoid influencing their findings (Crotty 1998). This means that research is undertaken, as far as possible, in a value-free way and is free from human interpretation or bias.



The main advantages of the positivistic approach are its independence, objectivity, generalisability, and its scientific and causal approach.

Positivism is largely being associated with quantitative techniques (Allison 1993).

- Critical Realism

The focus of critical realism is to explain what is seen and experienced in terms of the underlying structures that shape the observable events.

For critical realists, reality is the most important philosophical consideration. Critical realists see reality as external and independent, but not directly accessible through our observation and knowledge of it. What is, in effect, experienced is the “empirical” which are the manifestations of the things in the real world, rather than the actual things themselves.

Bhaskar (1989) argues that an understanding of what is going on in the social world is only possible following an understanding of the social structures giving rise to the phenomena. He further states that what cannot be seen can, in fact, be identified through the practical and theoretical processes of the social sciences.

- Interpretivism

The purpose of interpretivist research is to create new, richer understandings and interpretations of social worlds and contexts.

Interpretivists contend that reality can be fully understood only through intervention and the subjective interpretation of the subject.

The study of phenomena in their natural environment is key to the interpretivist philosophy. Scientists cannot avoid affecting those phenomena they study; they admit that there may be many interpretations of reality, but maintain that these interpretations are in themselves a part of the scientific knowledge they are pursuing.

Interpretivists are critical of the positivist attempts to discover definite, universal 'laws' that apply to everybody. Rather they believe that rich insights are lost if such complexity is reduced entirely to a series of generalisations.

Interpretivism contends that humans are different from physical phenomena because they create meanings which they study.

- Pragmatism

Pragmatist epistemology, ontology, and axiology are focused on improving practice. Pragmatism asserts that concepts are only relevant where they

support action (Kelemen and Rumens 2008). The emphasis is on practical solutions and outcomes.

For a pragmatist, research starts with a problem, and aims to contribute practical solutions that inform future practice.

Pragmatists recognise that there are different ways of interpreting the world and undertaking research, that no single point of view can ever give the entire picture and that there may be multiple realities. The pragmatist view asserts that it is possible to work with different types of knowledge and methods in case the research problem does not suggest that one particular type of knowledge or method should be adopted.

Watson (1997) outlines what is required of the researcher undertaking work within a pragmatic pluralist perspective. Unlike the theory specialist who is expected to produce a comprehensive theoretical perspective, the pragmatic pluralist is required to establish the particular grounds for the credibility of his theorising, focused on the specific objectives of his research (DeVault 1991). His theory must, first and foremost, be plausible.

Thus mixed and multiple methods are often highly appropriate, within one study. However, this does not mean that pragmatists always use multiple methods; rather they use the method or methods that enable credible, well founded, reliable and relevant data to be collected that advance the research (Kelemen and Rumens 2008).

- Integrative Approach

Researchers are here not limited to a perspective defined by one of the paradigms; in fact, significant benefits can accrue through combining aspects of the different approaches.

It has often been observed (Benbasat et al. 1987) very accurately that no single research methodology is intrinsically better than any other methodology, many authors calling for a combination of research methods in order to improve the quality of the research (Kaplan and Duchon 1988).

However, this integrative philosophical approach is not all encompassing; with reference to the problems that combining perspectives create, a number of writers and researchers continue to argue against combination of approaches (Bogdon and Biklen 1982; Delamont and Hamilton 1984; Jackson and Carter 1991).

Therefore, research must not be haphazard; a study must be logical, and have theoretical coherence, provided by a framework of assumptions and concepts which has its own integrity. While allowing integration of ideas from a variety of sources, the approach should provide for a logical mechanism in fields of study characterised by a wealth of literature and a range of perspectives.

The over-riding concern is that the research which is undertaken should be both relevant to the research question, and rigorous in its operationalisation.

### *5.3.2 Approaches to Theory Development*

Any research entails the use of theory which will impinge on the design of the study. Three different approaches to theory development are discussed here.

- Deduction

Deductive reasoning occurs when the conclusion is derived logically from a set of premises - the conclusion being true when all the premises are true (Ketokivi and Mantere 2010).

Deduction owes much to the process of scientific research. It involves the development of a theory that is subjected to a rigorous test through a series of propositions. With deduction, a theory and hypothesis (or hypotheses) are developed and a research strategy designed to test the hypothesis.

Deduction possesses several important characteristics. First, there is the search to explain causal relationships between concepts and variables.

An additional important characteristic of deduction is that concepts need to be operationalised in a way that enables facts to be measured, often quantitatively.

The final characteristic of deduction is generalisation; in order to be able to generalise, it is necessary to select the sample carefully and for it to be of sufficient size.

- Induction

In contrast, in inductive reasoning there is a gap in the logic argument between the conclusion and the premises observed, the conclusion being 'judged' to be supported by the observations made (Ketokivi and Mantere 2010).

An alternative approach to developing theory would be to start by interviewing a sample of subjects (e.g. hotel managers or employees) about their working experience. The purpose here would be to get a feel of what was going on, so as to better understand the nature of the problem. With induction, data is collected and the task then would be to make sense of the interview data collected through the analysis. The result of this data analysis would be the formulation of a theory, often expressed as a conceptual framework.

Research using an inductive approach to reasoning is likely to be particularly concerned with the context in which such events take place.

- Abduction

The third approach to theory development that is just as common in research is abductive reasoning, which begins with a 'surprising fact' being observed

(Ketokivi and Mantere 2010). This surprising fact is the conclusion rather than a premise.

Instead of moving from theory to data (as in deduction) or data to theory (as in induction), an abductive approach moves back and forth, in effect combining deduction and induction (Suddaby 2006).

Easterby-Smith et al. (2012) suggest three reasons to explain the importance of the right choice for the approach to theory development.

First, it enables a more informed decision about the research design, which is more than just the techniques by which data are collected and procedures by which they are analysed. It is the overall configuration of a piece of research involving questions about what kind of evidence is gathered and from where, and how such evidence is interpreted in order to provide good answers to the initial research question.

Second, it helps to think about those research strategies and methodological choice that will work and, crucially, those that will not. For example, if there is a particular interest to understand why something is happening, rather than being able to describe what is happening, it may be more appropriate to undertake the research inductively rather than deductively.

Third, Easterby-Smith et al. (2012) argue that knowledge of the different

research traditions makes it possible to adapt the research design to cater for constraints. These may be practical, involving, e.g. limited access to data, or they may arise from a lack of prior knowledge of the subject. In the end, the emphasis of the research and the nature of the research topic will determine whether the reasoning will be predominantly deductive, inductive or abductive.

A topic on which there is a wealth of literature from which a theoretical framework and a hypothesis can be defined and developed lends itself more readily to a deductive approach.

With research into a topic that is new, exciting much debate and on which there is little existing literature, it may be more appropriate to work inductively by generating data and analysing and reflecting upon what theoretical themes (in the form of a conceptual framework) the data are suggesting.

Alternatively, a topic about which there is a wealth of information in one context but far less in the context being researched may lend itself to an abductive approach making it possible to modify an existing theory.

For the purpose of this study and, after considering the different philosophies, research methods and approaches, a positivist-abductive quantitative approach is adopted to the development of the key research instrument.



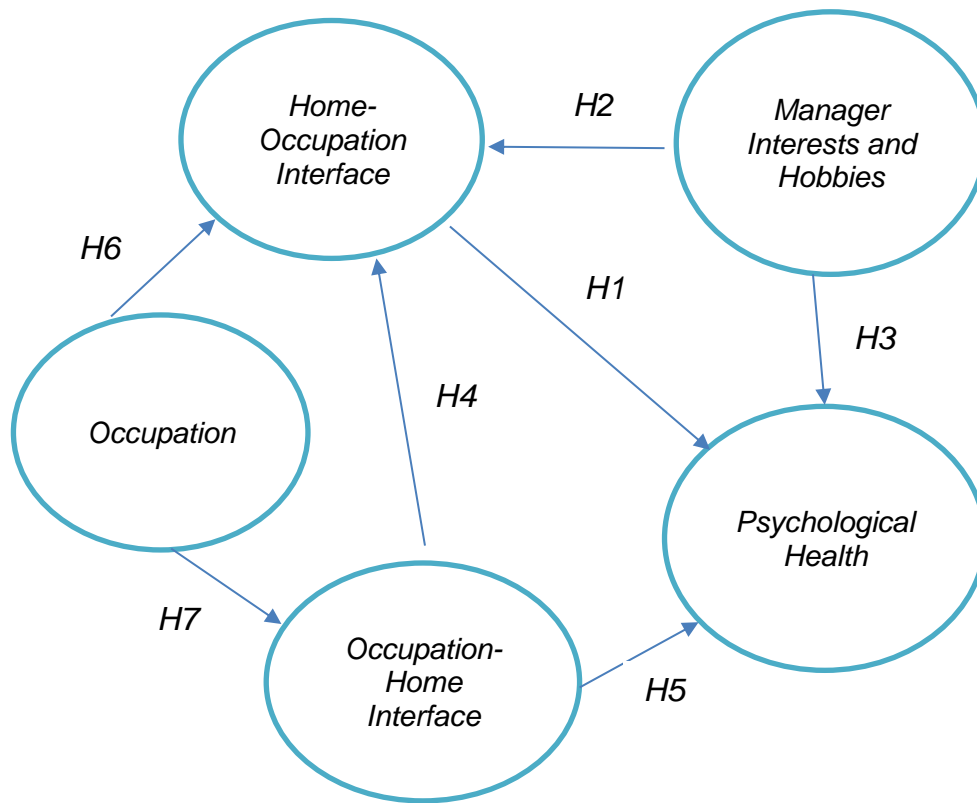
#### **5.4. Aims and Objectives of the Study**

As the nature of work may affect the psychological health and well-being of hotel managers, this study has four main objectives:

- 1) establish the relationship between pressure from occupational factors and psychological health
- 2) investigate whether pressure from occupational factors and occupational-home interaction impact the psychological health of hotel managers
- 3) investigate whether pressure from home factors and home-occupation interaction impact psychological health
- 4) examine the relationships between manager interests and hobbies and home-occupation interface and psychological health.

Following the literature review, and in line with the methodology adopted for this study, the stated aims and objectives can be illustrated in the theoretical/conceptual framework and model at Figure 28.

Figure 28: Theoretical Model for the Research Study



#### 5.4.1 Research Hypotheses

The following specific hypotheses linked to the quantitative aspects of the research are developed from the stated objectives and research question.

H1	Home-Occupation Interface positively influences Psychological Health
H2	Manager Interests and Hobbies positively influence Home-Occupation Interface
H3	Manager Interests and Hobbies positively influence Psychological Health

H4	Occupation-Home Interface positively influences Home-Occupation Interface
H5	Occupation-Home Interface positively influences Psychological Health
H6	Occupational Factors positively influence Home-Occupation Interface
H7	Occupational Factors positively influence Occupation-Home Interface

## 5.5 Research Strategy, Design and Methodology

### 5.5.1 Quantitative and Qualitative Research

The difference between quantitative and qualitative research lies in three fundamental contrasts which are the role of theory in the research (i.e. derived from a theory-deductive or generate a theory-inductive), the epistemological orientation (positivism or interpretivism) and the ontological orientation (objectivism and constructionism). This explanation makes it clear that quantitative research is much more than the mere presence of numbers. Hence, the quantitative research approach is better suited to the aims and objectives of the current study, the existing literature and research on stress.

- Choice of the Quantitative Research Strategy

The quantitative research strategy is chosen for this study since one of the aims is to ‘measure and analyse causal relationships between variables within a value-free framework’ (Sale et al. 2002: 44).

Based on existing theories, the aim of the current study is to measure and analyse relationships between variables such as pressure at work and psychological health.

In addition, the quantitative research strategy allows for generalisations of findings and applications of general laws to a diverse population (Shaughnessy et al. 2006). According to Bryman and Bell 2007: 28), “quantitative research can be construed as a research strategy that emphasises quantification in the collection and analysis of data that:

- entails a deductive approach to the relationship between theory and research, in which the accent is placed on the testing of theories
- has incorporated the practices and norms of the natural scientific model and of positivism in particular, and
- embodies a view of social reality as an external, objective reality”.

The design of the research and methodology differs from the methods. ‘Methodology’ is concerned with the rationale, philosophy and approach adopted for the research whilst ‘Methods’ are the specific research techniques or tools used to gather data. (Bailey 1994).

#### *5.5.2 Multi-Stage Combined Method*

A multi-stage combined method approach has been adopted for this study. This enables the initial testing of the questionnaire for a greater understanding of the exercise and possible reactions and responses on

behalf of the respondents and final choice of the core scales and variables for the main study and further questionnaire refinement.

The multi-stage combined method approach is in line with the work of Kirby (1995) who suggested that each research stage builds upon what has been observed and learned in the preceding stages, thus allowing the researcher to provide an in-depth and focused analysis of issues pertinent to the quantitative stage and survey.

### *5.5.3 Reflexivity and Reflexive Research Design*

The reflexive research design and the need to address the reflexive approach and the 'effect of the researcher' is an important characteristic of the overall research strategy. This has been referred to also in Section 1.2 of Chapter 1.

### *5.5.4 Use of Parceling Technique*

Matsunaga (2008) argues that item parceling serves as a powerful analytical tool for researchers interested in the underlying structure among theoretical constructs. Parceling is a statistical technique which consists in aggregating items into one or more 'parcels' and using these aggregates/parcels as indicators of latent constructs in Structural Equation Modelling (SEM).

A parcel is an aggregate-level indicator comprised of the sum (or average) of two or more items, responses or behaviours. Compared with aggregate-level

data, item-level data contains one or more of the following disadvantages: lower reliability, lower communality and a smaller ratio of common- to-unique factor variance (Little et al. 2002).

In this research study, item parceling was used for two constructs – occupation factors ('B') and occupation-home interface ('C'). The 22 items of the occupation factors were aggregated in four parcels ('BP1' to 'BP4') and the 13 indicators of the occupation-home construct were aggregated in three parcels ('CP1' to 'CP3').

## **5.6 Structural Equation Modelling**

Structural Equation Modelling (SEM) allows researchers to assess the overall fit of a model as well as test the structural model (Chin 1998b; Gefen et al. 2000). SEM does not only evaluate the hypothesised structural linkages among variables; it also evaluates the linkages that exist between a variable and its respective measures.

SEM is a family of multivariate statistical techniques used to examine direct and indirect relationships between one or more independent latent variables (LVs) and one or more dependent LVs (Gefen et al. 2000). SEM is, in fact, a flexible modelling tool for conducting multivariate statistical analyses (Gefen et al. 2000; Urbach and Ahlemann 2010).

When SEM is applied correctly, it offers better advantages over the first generation of analysis techniques (such as principal component analysis, factor analysis, or multiple regression) as it allows researchers to interplay between theory and data (Chin 1998a). According to Chin (1998a), SEM makes it possible for researchers to:

- 1) model relationships among multiple predictors and criterion variables
- 2) construct unobservable LVs
- 3) model errors in measurement for observed variables
- 4) statistically test a priori theoretical and measurement assumptions against empirical data.

Overall, there are two main approaches within SEM: a component-based approach such as partial least square (PLS-SEM) and a co-variance-based approach (CB-SEM) (Fornell and Bookstein 1982; Marcoulides et al. 2009). These two approaches are different in terms of underlying statistical assumptions and the nature of fit statistic they produce (Gefen et al. 2000).

These statistical methods should not be considered as being competitive statistical methods; rather, they should be viewed as complementary methods (Joreskog and Wold 1982). Therefore, in deciding which statistical method is suitable to use, the rules of thumbs proposed by Hair et al. (2011) for selecting between CB-SEM and PLS-SEM have been followed.

Understanding the assumptions underlying these statistical methods can help the researcher determine which statistical method is appropriate to use.

According to Hair et al. (2011), the selection between CB-SEM and PLS-SEM can be made based on a few factors such as research objective, types of measurement model specification, the modelling of structural model, data characteristics and model evaluation. Hair et al. (2011) suggest five useful rules of thumb, which can be used as guidance when selecting between PLS-SEM and CB-SEM.

- i) When selecting between these two methods, the researcher has to identify the objective of conducting the research. CB-SEM is an appropriate method to use if the research objective is to test or confirm a theory. CB-SEM is more relevant for hard modelling where the aim is to minimise the co-variance matrix. Meanwhile, PLS-SEM is suitable when the research objective is for prediction and theory development. This is also known as soft modelling. In soft-modelling, the focus is on identifying the best prediction of relationships between variables and the focus is on maximising the amount of covariance between LVs in order to increase the model interpretation (Sosik et al. 2009).
- ii) The use of CB-SEM is limited only to research models that use reflective constructs. On the other hand, PLS-SEM can be used to analyse a research model that consists of both reflective and formative



constructs (Chin, 1998b). Using PLS, it allows researchers to use either reflective, formative or the combination of both reflective and formative constructs at the same time.

- iii) When CB-SEM is applied, there is a set of assumptions needed to be fulfilled before any further analysis can be conducted using CB-SEM software and if one of the assumptions is violated, CB-SEM results will be highly imprecise (Hair et al. 2011). PLS-SEM is a more robust approach and can be used to analyse data with non-normality distribution.
- iv) Using PLS-SEM, data normality is not a required aspect because PLS uses calibration mechanisms, which transform any non-normal data into data that adheres to the central limit theorem (Beebe et al.1998).
- v) In terms of structural model evaluation, the main objective of the PLS-SEM is to test/predict the theoretical model that has been suggested based on the literature and not to test which alternate model fits the data better (Sosik et al. 2009).

Based on the above rules of thumb, this study adopts PLS-SEM as the statistical method to assess the research model.

### *5.6.1 Partial Least Square*

Partial Least Square (PLS) is a flexible and extremely powerful technique for the examination of path models with latent constructs measured by multiple indicators (Hair et al. 2017). PLS was originated by an econometrician named Herman Wold in the '60s and '70s (Chin 1998b) and has increasingly become a visible research method in various disciplines.

Its path models are usually defined using two sets of linear equations known as the measurement model and structural model (Henseler et al. 2009). The measurement model specifies the relationships between unobserved or latent variables (LVs) whereas the outer model specifies the relationships between a LV and its manifest variables. The inner and outer models are sometimes also known as the structural and measurement model.

### *5.6.2 Reflective and Formative Constructs*

Based on SEM literature, LV can be modelled using either formative or reflective indicators. According to Jarvis et al. (2003), reflective constructs are viewed as a construct that is affected by the same underlying construct, which uses parallel measures that co-vary and it is measuring the same underlying construct. For a reflective construct, the direction of causality is from the construct (i.e., LV) to the indicators, and changes in the underlying construct are hypothesised to cause changes in the indicators (Jarvis et al. 2003). In reflective construct, the arrow direction points from LV to reflective indicators. Furthermore, indicators for a reflective construct should be

consistent internally because all of the measures are assumed to be equally valid indicators of the underlying LV (Petter et al. 2007).

On the other hand, a formative construct refers to constructs that have formative indicators, which are combined to give rise to the meaning of the LV (Petter et al. 2007). In contrast to a reflective construct, a formative construct assumes that the measures (indicators) have an impact on the underlying construct (Jarvis et al. 2003). In a reflective construct, the group of indicators jointly determines the conceptual and empirical meaning of the construct. The direction of causality flows from indicators to LV (Jarvis et al. 2003).

According to Petter et al. (2007), internal consistency is important for a reflective construct. Thus, the uses of internal reliability measures are required to ensure the measures are reliable. In addition to that, a reflective construct should be uni-dimensional and if any measures are removed, it would not affect the content validity (Petter et al. 2007).

For constructs using reflective measures, it is appropriate to examine the loadings as they represent the correlation between the indicators and component scores (Gefen et al. 2000).

## **5.7 Evaluating Measurement and Structural Models using PLS**

For this study, the research model is assessed using a two-step process:

- 1) the assessment of the measurement model
- 2) the assessment of the structural model.

In general, the purpose of model validation is to determine whether both measurement and structural models fulfil the quality criteria for empirical work (Urbach and Ahlemann 2010). The following subsections discuss the guidelines used in this study to assess both measurement and the structural model of this study.

### *5.7.1 Measurement Model*

Based on previous studies, the validation of a reflective measurement model can be established by testing its internal consistency, indicator reliability, convergent validity and discriminant validity (Lewis et al. 2005; Straub et al. 2004).

#### *5.7.1.1 Internal Consistency*

Traditionally, a measurement item's internal consistency is evaluated using Cronbach's alpha (CA). Constructs with high CA values mean that the items within the construct have the same range and meaning (Cronbach 1971). Using CA provides an estimate for the reliability based on indicator inter-correlations. However, within PLS, internal consistency is measured using composite reliability (CR) (Chin 1998b). This is because even though both

CA and CR measure the same thing (internal consistency), CR takes into account that indicators have different loadings. CA provides a severe underestimation of the internal consistency reliability.

Irrespective of the particular reliability coefficient used, an internal consistency reliability is considered satisfactory when the value is at least 0.7 in the early stage and values above 0.8 or 0.9 in more advanced stages of research, whereas a value below 0.6 indicates a lack of reliability (Nunnally and Bernstein 1994).

#### 5.7.1.2 Indicator Reliability

When assessing indicators' reliability, the researcher is evaluating the extent to which a variable or a set of variables is consistent with what it intends to measure (Urbach and Ahlemann 2010). The reliability construct is independent of and calculated separately from other constructs.

According to Chin (1998b), indicator loadings should be significant at least at the 0.05 level and the loading must be greater than 0.7. This is because with the loading value at 0.707, an LV is said to be able to explain at least 50 percent of its indicator's variance. The significance of the indicator loadings can be tested using a resampling method such as bootstrapping.

According to Henseler et al. (2009), taking into consideration PLS characteristics of consistency at large, one should be careful when deciding

to eliminate an indicator. It makes sense to eliminate an indicator only when the indicator's reliability is low and the elimination of that indicator goes along with a substantial increase of CR.

#### 5.7.1.3 Convergent Validity

Convergent validity involves the degree to which individual items reflect a construct converging in comparison to items measuring different constructs (Urbach and Ahlemann, 2010). Using PLS, convergent validity can be evaluated using the value of average variance extracted (AVE). According to Fornell and Larcker (1981), sufficient convergent validity is achieved when the AVE value of a construct is at least 0.5.

#### 5.7.1.4 Discriminant Validity

Discriminant validity is used to differentiate measures of a construct from one another. In contrast with convergent validity, discriminant validity tests whether the items do not unintentionally measure something else (Urbach and Ahlemann, 2010). In PLS, two measures of discriminant validity are commonly used: cross loading (Chin, 1998b) and Fornell-Larcker's criterion (Fornell and Larcker, 1981).

According to Chin (1998b), cross-loading is obtained by correlating each LV's component scores with all of the other items. If each indicator's loading is higher for its designated construct compared to any other constructs, then it can be inferred that the different constructs' indicators are not interchangeable.

Using Fornell-Larcker's criterion requires a LV to share more variance with its assigned indicators than with any other LV. Thus, the AVE of each LV should be greater than the LV's highest squares correlation with any other LV.

#### *5.7.2 Structural Model*

Validating the structural model can help the researcher to evaluate systematically whether the hypotheses expressed by the structural model are supported by the data (Urbach and Ahlemann 2010). The structural model can only be analysed after the measurement model has been validated successfully. In PLS, a structural model can be evaluated using coefficient of determination ( $R^2$ ), and path coefficients.

The first important criterion for assessing the PLS structural model is to evaluate each endogenous LV's coefficient of determination ( $R^2$ ).  $R^2$  measures the relationship of a LV's explained variance to its total variance. According to Chin (1998b), a value of  $R^2$  around 0.67 is considered substantial, values around 0.333 are average and values of 0.19 and lower are considered weak.

By examining the path coefficient value, the researcher is able to know the strength of the relationship between two LVs. To examine the relationship between two LVs, the researcher should check the path coefficients, algebraic sign, magnitude and significance. According to Huber et al. (2007),

the path coefficients should exceed 0.100 to account for a certain impact within the model and be significant at least at the 0.05 level of significance.

## **5.8 Sample of Hotel Managers**

The multi-stage combined method approach used in this research study on stress in managers in the hotel industry Mauritius consists of three phases. The three distinct phases of the multi-stage combined method approach as well as the sampling and stratification of the hotel managers which are described below starts off with a qualitative survey.

### *5.8.1 Phase 1: Pre-testing and Initial Qualitative Survey*

The aim here is to have an initial insight and understanding into the key issues of the research question and to seek participants' reaction to the instruments of the survey questionnaire and interview.

97 managers participated in the initial qualitative survey which was an extended pre-testing interview and survey questionnaire exercise.

### *5.8.2 Phase 2: Piloting and First Fact-finding Quantitative Study*

127 hotel managers responded to the fact-finding pilot quantitative survey questionnaire.



### *5.8.3 Phase 3: Main Quantitative Study and Survey*

The third and final phase of the multi-stage combined method approach is a more comprehensive quantitative stage of the study. Building on the preliminary observations and findings of the two previous phases, and after relevant refinement, it is the main quantitative study on which this research is finally based.

The intent of the main survey was to secure a wider and larger sample for greater research data reliability and a better understanding of the key selected constructs.

The responses of 397 participants (out of 407) were retained for the main study. The sample selected was a fair representation and a mix of managers with different profiles from small, medium size and large hotel establishments of different standing.

The detailed data analyses in respect of the main study and survey are reported in Chapter 7.

### *5.8.4 Participants and Participating Organisations*

For Phase 1, there were 97 managers (55.7%) senior managers and 44.3% middle managers) from large (65%), medium (29%) and small (6%) hotel establishments of different categories who willingly participated in the interview/questionnaire survey.

For Phase 2, the 127 respondents (60% senior and 40% middle managers) were from large (78.7%) and medium size and small (21.3%) hotel organisations of different ranking.

Finally, for Phase 3 and the main interview/questionnaire survey, the 397 senior and middle managers were from large (60.7%) and medium size and small (39.2%) hotels.

## **5.8 Chapter Summary**

This chapter explains the need and rationale for the research.

This research is carried out as per a methodology and procedure which consist, firstly, of the establishment of the research philosophy and selection and choice of the research strategy. The multi-stage combined method approach is, therefore, adopted for this study; the three stages of this approach are explained with a focus on the main quantitative study and survey.

## CHAPTER 6: RESEARCH METHODS

### Outline of Chapter Six

6.1	Introduction and Structure of the Chapter
6.2	Developing, Testing and Refining the Questionnaire
6.3	Interview and Questionnaire Design
6.4	Access, Data Sourcing and Collection Method
6.5	Chapter Summary

#### 6.1 Introduction and Structure of the Chapter

The chapter discusses the detailed process for the design and development of the survey questionnaire. The various stages of the questionnaire design, pre-testing and refinement are described until the development of the final version of the questionnaire for the main quantitative survey. The data sourcing, collection method and access to the selected managers and participants are also discussed.

#### 6.2 Developing, Testing and Refining the Questionnaire

The research methodology consists of developing a comprehensive questionnaire which provides for the collection of biographical data as well as information pertaining to key features of hotel managers' work that are pertinent to the study, and measures of certain dimensions of health (see Appendix 1).

Initially, the questionnaire was constructed by the researcher, using proven scales and drawing upon his experience as a senior manager in the industry, and through structured discussions with middle and senior managers in the hotel industry in Mauritius.

The first version of the questionnaire was administered to twenty (20) managers who were not included in the samples for the subsequent stages and surveys i.e. the initial pre-testing qualitative study (97), the first fact-finding pilot quantitative survey (127) and the main quantitative study and survey (397) using the multi-stage combined method approach.

The aim of the pre-testing is to first check managers' reaction and response to the constructs and the different dimensions of the questionnaire, the response time, areas needing further clarification and any ambiguity in order to improve the final version of the questionnaire; these would provide a basis for improvement that would lead to greater direction, precision and meaning to the interview itself.

Following the pre-testing and in the light of the observations and findings from the pre-test, changes were in fact made to the contents and length of the questionnaire; a greater focus was placed on the human resource management dimension of stress related to the hotel industry rather than on the psychological dimension in line with the primary stated intention of the study to examine the phenomenon of work-related stress from a human resource management perspective.

As the researcher was himself personally known to many of the potential respondents, seven (7) experienced interviewers were recruited; they were thoroughly briefed and trained before meeting with a representative sample of ninety-seven (97) senior and middle managers. This exercise was coordinated and monitored closely by both the principal researcher and the lead interviewer.

The questionnaire was administered through structured interviews conducted at the sites of work of the individual managers at their convenient time. It was felt that all questionnaires should be accompanied by detailed and structured interviews, making it possible to explore further answers given to the formal items of the questionnaire, if valid qualitative data were to be captured.

Prior to the interviews, proper guidance and orientation were given to all interviewees and the objectives of the exercise and of the questionnaire were clearly explained and spelled out. In the course of the interviews, questions were asked formally by the interviewers and prompt cards were used to guide the participants regarding the response alternatives offered for each question, thus securing more accurate responses to the different questions.

### **6.3 Interview and Questionnaire Design**

The questionnaire for the main quantitative study of the multi-stage combined method approach was based on the measurement of five main constructs.

As stated earlier, the complete questionnaire for the initial qualitative phase has 9 sections – (referred to as ‘Questionnaire A’ - Appendix 1).

For the initial qualitative survey, each interviewer met with a minimum of 12 and a maximum of 15 respondents. The average length of the interview was 60 minutes but the longest ones lasted some 90 minutes.

For the second and first fact-finding quantitative survey, ‘Questionnaire B’ was developed with 6 sections being retained and administered to 127 Managers (Appendix 2).

On average for the first fact-finding quantitative study, the interviewers met with some 25 managers each and most of the interviews lasted 30 to 45 minutes.

For the main survey with an enlarged sample with 397 respondents, the questionnaire was then re-structured and the survey design reviewed and consolidated (‘Questionnaire C’ - Appendix 3).

The different sections were also re-organised – e.g. to maintain its focal position, General Health was moved to the first section (as Section 1) and the Biographical section moved to the last part (as Section 6) of the questionnaire.

Regarding the main comprehensive study and survey, 10 trained and experienced interviewers met with 30-42 participants each and the interviews lasted for an average of 30-40 minutes.

### *6.3.1 General objective and purpose of the Main Study and Survey*

The introductory part of the questionnaire (Questionnaire C) explains the purpose of the study as it is meant to examine specific factors and variables in view of assessing the nature and level of work-related stress that may be experienced by hotel managers in Mauritius.

The questionnaire consists of the following scales:

#### **Scales**

- General Health Questionnaire (GHQ)
- Occupational Factors
- Occupational-Home Interface
- Home-Occupation Interface
- Manager Interests and Hobbies

The content and purpose of each section is summarised below.

#### **6.3.1.1 General Health Questionnaire (GHQ) – Section 1 of the Main Questionnaire Survey**

Section 1 of the questionnaire for the main study refers to the general health of managers in the hotel industry in Mauritius.

Psychological or mental health (although neither term is used in the questionnaire) - is assessed by using Goldberg's (1978) 12-item General Health Questionnaire (GHQ 12).

The GHQ is used to detect minor psychiatric disorders in non-clinical samples. The original questionnaire developed by Goldberg in 1972 consists of 60 items (GHQ-60). There are 3 shortened versions with 30 (GHQ-30), 20 (GHQ-20) and 12 (GHQ-12) items. Those are made up of the 'best items' of the GHQ-60.

The GHQ has been reported to have a good reliability with an alpha ( $\alpha$ ) ranging from 0.75 to 0.95 (Marsh 1996; Quek et al. 2001; Gill et al. 2007).

There are three ways of scoring the GHQ. The original scoring method of the GHQ is known as the GHQ-method (Goldberg and Williams 1988). On a four-point scale, the first two options are scored as 0 and the last two are scored as 1.

There is also the Likert method where on a four-point scale responses either range from 0 to 3 or 1 to 4. Finally, there is the Corrected GHQ (C-GHQ) method (Goodchild and Duncan-Jones 1985) where the positively worded items are scored once again on a four-point scale as 0, 0, 1, 1 and the negatively worded items 0, 1, 1, 1. The latter is less frequently used (Piccinelli et al. 1993) and does not show any advantage over the other methods.



The Likert scoring method is being opted for as it is a better choice for statistical analyses (Ostell and Oakland 1988; 1995).

#### 6.3.1.2 Occupational Factors - Section 2 of the Questionnaire

This scale explores various occupational items, which are perceived as being sources of stress, such as the style of management of immediate superiors, lack of personal advancement, interpersonal problems with colleagues, objectives not clearly defined, pressures of the peak period in the hospitality industry, the long hours on the job, coping with the unreasonable demands of clients and with difficult clients and so on.

#### 6.3.1.3 Occupational-Home Interface and Home-Occupational Interface - Sections 3 and 4 of the Questionnaire

The third and fourth parts of the interview questionnaire schedule deal respectively with the occupational-home and the home-occupational interfaces.

##### a) Measures of Occupational-Home Interface

In early research, either a broad measure of conflict was used or only occupational to home conflict was considered and little consideration was given to home to occupational interface/conflict (Tetrick and Buffardi 2006). Furthermore in their seminal work on work-family conflict, Greenhauss and Beutell (1985) identified three types of conflict, namely, strain-based conflict, time-based conflict and behaviour-based conflict.

Strain-based conflict is where the strain experienced from the role held in one role impacts on the participation in another role. The second type of conflict is time-based conflict where the time devoted to one role makes participation in another role difficult. Finally, there is behaviour-based conflict whereby specific behaviours required in one role are not compatible with the expected behaviours in another role.

Those three types of conflict occur in both directions i.e. occupation to home and home to occupation. There are questionnaires that consider just one or two types of conflict and specify the direction (e.g. time-based work to home conflict (Gutek et al. 1991); time and strain work to home conflict (Kopelman et al. 1983); others consider general work to family conflict (Burke et al. 1980). A comprehensive review of such types of conflict was carried out by Carlson et al. (2000).

Stephens and Sommer (1996) and Carlson et al. (2000) developed separate scales to assess time- and strain-based and behaviour-based conflict since existing measures overlooked the distinction between the three types of conflict (Tetrick and Buffardi 2006).

The current research aims to study the extent to which work demands impact psychological health. For this reason, the questionnaire was designed based on the work demands of hotel managers. With regards to the types of conflicts identified by Greenhauss and Beutell (1985), the

questionnaire for this study considers strain-based conflict.

The scale referred to those factors arising from work which affect psychological health adversely - some of these main ones are: being away from home and the family, volume of workload, hours of work, tiredness and fatigue, the very nature of work and the absence of team work and spirit, the lack of trained and skilled staff.

b) Measures of Home-Occupational Interface

The three types of conflict as described by Greenhauss and Beutell (1985) also apply to home-occupational interface/conflict. Measure of home to occupational conflict emerged in the early 1980's. Bohen and Viveros-Long (1981) developed a 19-item measure out of which three measure family-interfering-with-work items. Time- and strain-based conflicts were included in this scale. Burley (1989) developed a four-item scale measuring the type of conflict and they were closely followed by Gutek et al. (1991) with a four-item scale, and Frone et al. (1992b) with a two-item scale. Netemeyer et al. (1996) criticised those scales and afterwards developed a rigorous scale development process of a ten-item scale out of which five items measure family to work conflict. Once again, this scale considers time- and strain-based conflict. Carlson et al. (2000) consider the three types (time, behaviour and strain) of family to work conflict in their multidimensional measure of work-family conflict.

The questionnaire of the current study was constructed and, after a review of the existing scales with regards to the length, reliability and content of available measures, it was decided that a measure of home to occupational conflict would be developed. A six-item scale was devised and it consisted of home factors which 'affect life adversely at work'. Thus the perceived influence and extent of influence of various home/ domestic factors are assessed. These include the lack of stability in the family, the attitude of the partner to hotel work, lack of ability to manage one's children, a recent change in the family structure, serious health problems in the family and the partner's/spouse's own job.

All questions for both types of interface (occupational-home and home-occupation) are rated on a five-point scale from 1 = 'very low' to 5 = 'very high'. For Sections 2, 3 and 4, a five-point Likert Scale is used for these questions to capture the extent to which the factors were a source of pressure for managers (1 = 'very low' and 5 = 'very high').

#### 6.3.1.4 Manager Interests and Hobbies - Section 5 of the Questionnaire

This scale enquires into the managers' interests and hobbies. The managers were asked to indicate how often they unwind, socialise, and participate in any sporting activity and whether they belong to any social/service club.

#### 6.3.1.5 Biographical Data - Section 6 of the main Questionnaire

Section 6 of the questionnaire consists of three sub-sections; first, biographical data relating to gender, age, educational background, marital status and family details was collected.

In addition to the above personal particulars, the work history and experience as well as the level of responsibility of managers which refers to the degree of seniority within the hotel organisation and structure were also identified.

### **6.4 Access, Data Sourcing and Collection Method**

Discussions were held with the top management of the hotel selected to participate in the research in view of securing the formal acceptance of management as well as identifying those persons who were to participate and be interviewed for this exercise. The list of respondents was therefore worked out following telephone discussions and meetings with senior management.

Great attention and importance was paid to the specific characteristics of the sample, that is the 'coverage' of the small, medium and large sized hotels as well as having a balanced mix of occupation types at middle and senior managerial levels in the hotel industry. The managers identified were called beforehand and individual meetings were scheduled in advance at a time convenient to them.

The survey and structured interview research method was chosen since it is an “excellent method for describing people’s attitudes and opinions” (Shaughnessy et al. 2006:146). Structured face to face interviews were held to collect data. Interviewers carried out the interview based on a questionnaire with closed ended questions. A structured interview is a way to standardise the data collection process. It provides a standard way of asking the questions and recording the answers. This is important especially when there is more than one interviewer. This implies that differences in participants’ responses will be due mostly to true variance and not to the context of the interview (error variance). Standardisation helps to improve reliability and validity of the data.

Despite the advantages of self-administered questionnaires over structured interviews (e.g. cheaper as there is no need to train interviewers and to incur travelling costs, quicker to administer, absence of interviewer effect and more convenient for respondents), structured interviews were opted for since they have non-negligible advantages.

First, structured interviews reduce the possibility of missing data. They also have higher response rates than postal questionnaire. The researcher ensures that the right person is responding to the questionnaire; for instance, in the current study, it enabled the researcher to ensure that hotel managers responded to the questionnaire and that the task was not delegated to someone else.

During structured interviews, interviewers also ensure that the question order is respected. Changes in the question order can have an impact on the responses and interviewers can ascertain that the question order is duly respected (Schuman and Presser 1981). In addition, the presence of the interviewer prevents the respondent from reading the whole questionnaire prior to responding and the answers to the questions asked are, in this case, not independent from one another (Bryman and Bell 2007).

The Interview/Questionnaire Schedule was accompanied by an Introductory Note (Appendices 1, 2, 3) explaining the purpose of the study and seeking the full collaboration of the respondent in answering all questions and completing all parts of the Questionnaire. Supplementary information was provided at the beginning of the interview meeting and further information and clarifications were given. Any other issues or concerns raised were addressed at that time before conducting the interview. It must be underlined that, given the nature of the industry, some of the managers were met with outside normal office hours or in the course of the evening.

On the whole the managers were very keen to respond – due largely to the fact that the study was anonymous and confidential and conducted by an independent party. It was also the first time that the hotel managers participated in a research study into work-related stress.

Some of the comments received, such as 'very interesting exercise', 'enlightening', 'helpful', 'revealing', also indicate that the managers enjoyed the experience and so participated fully in the interview and in actively helping in the completion of the Questionnaire.

## **6.5 Chapter Summary**

The process and steps undertaken for designing and developing the questionnaire and collecting the data by trained interviewers during structured meetings and interviews with the hotel managers are discussed and documented in this chapter.

The next chapter describes the interview and statistical analyses of the data collected which have been carried out and report the relevant results and findings.



## CHAPTER 7: DESCRIPTIVE STATISTICS AND DATA ANALYSES

### Outline of Chapter Seven

7.1	Introduction and Structure of the Chapter
7.2	Biographical Details and Description
7.3	Manager Interests and Hobbies
7.4	Analysis of the Interviews
7.5	Data Analysis and Findings
7.6	Structural Model
7.7	Chapter Summary

#### 7.1 Introduction and Structure of the Chapter

This chapter describes the details, analysis and results for the main quantitative study and data set.

This analysis is carried out with regards to the main objectives of this study and the seven research hypotheses spelled out.

#### 7.2 Biographical Details and Description

Table 39 provides a summary of the demographic data of the sample under study and refers to the bibliographical details of the manager and his family.

### *7.2.1 Gender*

The survey showed that there were far more male respondents (61.4%) as compared to female respondents (38.6%).

### *7.2.2 Age Group*

As far as age is concerned, 38.4% of the respondents are aged between 25-34 years old, 21.1% between the age of 18-24, 19.8% between 35-44 years old and 12.3% between 45-54 years old.

### *7.2.3 Educational Achievement*

With regards to the level of education, 46.1% of the respondents have a university or tertiary degree, 24.3% possess a secondary certificate, 19% have a professional certificate and only 10.6% have technical/vocational certificate.

### *7.2.4 Marital Status and Type of Employment of Spouse*

From the table, 45.3% of the respondents are married or in a relationship and 40.6% are single. Likewise, 75.4% of their spouse work and 74.1% are in full-time employment.

### *7.2.5 Children*

In addition, more than half of the respondents (57.1%) do not have a child, 16.7% have two children and 15.9% have only one child. Moreover, 80.3% say that they do not have a child of 18 years of age or above and only 8.6% claim that they have a child of 18 years old or above.

### 7.2.6 Income

Concerning the income earned by the respondents, 41.5% earn a monthly income of less than Rs 24,999, 34.9% with a monthly income of Rs 25,000 to Rs 39,999 and only 15.4% earn Rs 40,000 to Rs 59,999 monthly (indicative exchange rate £1 = Rs 46.00).

Table 39: The Manager and his/her Family

Characteristics	Number (n)	Percentage (%)
<b>Gender (N = 396)</b>		
Male	243	61.4
Female	153	38.6
<b>Age (N = 398)</b>		
18-24	84	21.1
25-34	153	38.4
35-44	79	19.8
45-54	49	12.3
55-64	31	7.8
65 and above	2	0.5
<b>Educational achievement (N = 395)</b>		
Secondary	96	24.3
University/Tertiary	182	46.1
Professional	75	19.0
Technical/Vocational	42	10.6
<b>Marital status (N = 397)</b>		
Single	161	40.6
Married	180	45.3
Living-in	19	4.8
Widowed	4	1.0
Divorced	24	6.0
Separated	9	2.3

<b>If married, does your spouse work (N = 184)</b>		
Yes	138	75.4
No	45	24.6
<b>If yes, does he/she work (N = 141)</b>		
Occasionally	11	7.9
Part-time	25	18
Full-time	103	74.1
<b>If you live with a partner, does he/she work (N = 337)</b>		
Yes	48	71.6
No	19	28.4
<b>Number of children (N = 371)</b>		
Zero	212	57.1
One	59	15.9
Two	62	16.7
Three	25	6.7
Four	7	1.9
Five	5	1.3
Six	1	0.3
<b>Number of children 18 years old or over (N = 371)</b>		
Zero	298	80.3
One	32	8.6
Two	24	6.5
Three	13	3.5
Four	4	1.1

<b>Approximate monthly income (N = 390)</b>		
Less than Rs 24,999	162	41.5
Rs 25,000 – Rs 39,999	136	34.9
Rs 40,000 – Rs 59,999	60	15.4
Rs 60,000 – Rs 79,999	11	2.8
Rs 80,000 – Rs 99,999	12	3.1
Rs 100,000 – Rs 124,999	5	1.3
Rs 125,000 – Rs 149,999	3	0.8
Rs 150,000 or more	1	0.3

Table 40 focuses on the work history and experience of the respondents.

#### *7.2.7 Length of Employment*

67.6% of the respondents are with the present employer for 5 years or less, 22.1% for 6 to 10 years and 6.9% for 11 to 20 years.

#### *7.2.8 Size of Labour Force*

Regarding the size of the hotel labour force, 39.2% of the manager's work in hotels with a workforce of less than 100 employees, 20.8% are with hotels having 200 to 300 employees, 14.9% with 101 to 200 employees and 301 to 400 employees respectively, and 7.4% work in hotel establishments with a labour force of 401 to 500.

#### *7.2.9 Overseas Experience of the Hotel Industry*

68.9% of the respondents have never worked in the hotel industry overseas and 31.1% have experience of the hotel industry overseas.

#### *7.2.10 Experience of the Hotel Industry (Mauritius and Overseas)*

42.6% of the respondents have a total experience of 5 years or less in Mauritius and abroad, 28% has 6 to 10 years of experience, 18.6% have 11 to 20 years of experience and 8.1% have 21 to 30 years of total length of experience in the hotel industry.

#### *7.2.11 Managerial Experience*

67.9% hold a managerial position for 5 years or less, 20.3% hold this position for 6 to 10 years and 8.5% hold a managerial position for 11 to 20 years.

#### *7.2.12 Hours of Work*

45.2% of the respondents work on average 41 to 50 hours weekly, followed by 31.5% who work on average 51 to 60 hours each week and 9.9% of the respondents work 31 to 40 hours weekly.

#### *7.2.13 Level of Responsibility*

48.7% of the respondents have a middle level of responsibility, 22.8% have a high level of responsibility, followed by 10.2% with a very high level of responsibility while 13.5% has a low level of responsibility, and 4.8% with a very low responsibility level.

Table 40: Work History/Experience

Characteristics	Number (n)	Percentage (%)
<b>Length of employment with present employer (N = 376)</b>		
0-5 years	254	67.6
6-10 years	83	22.1
11-20 years	26	6.9
21-30 years	7	1.9
31-40 years	5	1.3
41years and above	1	0.3
<b>Size of the labour force in your establishment (N = 403)</b>		
Less than 100	158	39.2
101-200	60	14.9
201-300	84	20.8
301-400	60	14.9
401-500	30	7.4
501-600	10	2.5
701 and above	1	0.2
<b>Have you ever worked in the hotel industry overseas? (N = 389)</b>		
Yes	121	31.1
No	268	68.9

<b>Total length of experience in the hotel industry (Mauritius and abroad) (N = 371)</b>		
0-5 years	158	42.6
6-10 years	104	28.0
11-20 years	69	18.6
21-30 years	30	8.1
31-40 years	7	1.9
41years and above	3	.8
<b>How long have you held a managerial position? (N = 365)</b>		
0-5 years	248	67.9
6-10 years	74	20.3
11-20 years	31	8.5
21-30 years	6	1.6
31-40 years	4	1.1
41years and above	2	0.5
<b>Average number of hours of work on job each week (N = 343)</b>		
11-20 hours	4	1.2
21-30 hours	2	0.6
31-40 hours	34	9.9
41-50 hours	155	45.2
51-60 hours	108	31.5
61-70 hours	22	6.4
71 hours and above	18	5.2



Level of responsibility (N = 394)		
Very low	19	4.8
Low	53	13.5
Middle	192	48.7
High	90	22.8
Very high	40	10.2

### 7.3 Manager Interests and Hobbies

Table 41 refers to the interests and hobbies of the hotel managers.

#### 7.3.1 *Unwinding from the Job*

30.4% of the respondents rarely relax from their work, 29.9% claim that they do not take time to unwind very often from their work, followed by 20.4% who never unwind from their jobs; 14.6% of the managers often unwind from their jobs often and only 4.8% very often relax from their work.

#### 7.3.2 *Socialisation*

Furthermore, 29.5% are those respondents rarely socialise with other hotel colleagues outside work, followed by 28.7% who claim that they do not very often socialise with other hotel colleagues outside work and 19.9% are those who often socialise with other hotel colleagues outside work.

#### 7.3.3 *Sporting Activities*

From the responses, 29% claim that they do not very often participate in sports activities, followed by 24% who rarely participate and 25.8% who

never participate in such activities.

#### 7.3.4 *Interest or Unpaid Hobby*

As for as the hotel managers' interest or unpaid hobby is concerned, 36.9% of the participants affirm having some interest or hobby, while 63.1% claim that they do not have any interest or hobby.

#### 7.3.5 *Membership of Social/Service Club*

66.2% of the respondents are not affiliated to any social/service club while 33.8% of the manager respondents are members of some social/service club.

Table 41: Manager Interests and Hobbies

Characteristics	Number (n)	Percentage (%)
<b>How often do you take time to unwind from your job (N = 398)</b>		
Never	81	20.4
Rarely	121	30.4
Not very often	119	29.9
Often	58	14.6
Very often	19	4.8
<b>How often do you socialise with other hotel colleagues outside work (N = 397)</b>		

Never	50	12.6
Rarely	117	29.5
Not very often	114	28.7
Often	79	19.9
Very often	37	9.3
<b>How often do you participate in any sporting activity? (N = 396)</b>		
Never	102	25.8
Rarely	95	24.0
Not very often	115	29.0
Often	48	12.1
Very often	36	9.1
<b>Do you have a particular interest or unpaid hobby? (N = 374)</b>		
Yes	138	36.9
No	236	63.1
<b>Do you belong to any social/service club? (N = 391)</b>		
Yes	132	33.8
No	259	66.2

#### 7.4 Analysis of the Interviews

Interviews are a means to explore the research topic in a broader way that takes account of the respondents' representations and provides insights into their attitudes and practices.

As a means of data collection, interviews supply researchers with rich and detailed qualitative data for understanding participants' experiences, how they describe those experiences, and the meaning they make of those experiences (Rubin and Rubin 2012). They favour the personal approach (and rapport) while increasing the chances of having 'clean' and meaningful data. It is, therefore, important for the interviewer to establish rapport with the respondent to facilitate the interview process and encourage true and honest responses.

In contrast to a mail based survey, the interviewer has the opportunity to clarify and probe. The interaction between the respondent and the interviewer has both advantages and disadvantages that can affect quality. The main advantage is that the interviewer can help the respondent, in case of any doubt about the meaning of a question, thus reducing the number of questions that could have been left unanswered.

Arguably, the major disadvantage is that the interviewer may unconsciously influence the respondent's answer in a certain direction leading to common method bias in the responses (Podsakoff et al. 2003). However, this risk can be minimised through the careful training of the interviewers.

The different types of interview which are normally conducted in qualitative research include structured, semi-structured and unstructured interviews. The research objective and questions determine the most appropriate interview method to employ. Thus, in this research, the structured, personal

face to face in-depth interview with closed questions was deemed to be most appropriate approach.

There are ethical considerations regarding/governing the use of interviews.

These considerations are around the following requirements:

- Consent - The sample was established jointly with the Management of each establishment and, once the objective of the survey was explained to them, the selected managers voluntarily accepted to participate in the interview exercise. Hence, informed consent was established and individual schedules were worked out around the respondents' availability.

As referred to in Section 6.4, following the formal acceptance of management, participation in the survey was voluntary and no manager was compelled to participate; so, the option of withdrawing from the exercise did not arise.

- Confidentiality – it was clearly explained and stated in the Introductory Note to the interviews that their participation would be treated with the strictest confidence.
- Anonymity – it was expressed in the Note that no names of hotels or individuals will appear anywhere in any of the reported results.
- Use and storage of personal data - all collected interview data will be stored on the researcher's personal computer. This will also be password

protected and kept in a secure location. The data will be erased within a maximum of five years after being collected.

Interview protocol refinement (IPR) framework is most suitable for refining structured or semi-structured interviews. Castillo-Montoya (2016) has developed the IPR framework consisting of a four-phase process to develop and fine-tune interview protocols. It comprises of four main phases:

Phase 1: Ensuring interview questions align with the study's research questions

Phase 2: Creating and constructing an inquiry-based conversation

Phase 3: Reviewing of protocol and receiving feedback on interview protocols

Phase 4: Piloting the interview protocol.

Each phase helps the researcher take one step further toward developing a research instrument appropriate for the participants and congruent with the aims of the research (Jones et al. 2014) - congruency means the researchers' interviews are anchored in the purpose of the study and the research questions. Combined, these four phases offer a systematic framework for developing a well-vetted interview protocol that can help the researcher obtain robust and detailed interview data necessary to address their research questions (Castillo-Montoya 2016).

Merriam (2009) argues that the best way to state whether the order of the questions works or not is to try it out in a pilot interview. Here, the interviewer conducts interviews simulating rapport, process, consent, space, recording and timing in order to try out the research instrument (Baker 1994).

Following the design of the questionnaire (Sections 6.2 and 6.3), pre-testing and piloting of the interview protocol prior to the main survey and questionnaire administration (Sub-section 5.8.4) were carried out. This enabled further refinement of the questionnaire in alignment with the research objective.

The feedback gained and information about how well participants understood the interview questions and whether their understanding was close to what the researcher intended (Paton 2017) facilitated the fine tuning of the interview protocol itself, enhancing it as a trustworthy research instrument.

By enhancing the reliability of interview protocols, researchers can increase the quality of data they obtain from research interviews. Furthermore, the IPR framework can provide qualitative researchers with a shared language for indicating the rigorous steps taken to develop interview protocols and ensure their congruency with the study at hand (Jones et al. 2014).

The IPR framework is indeed a viable approach to developing a strong initial interview protocol so the researcher is likely to elicit rich, focused, meaningful

data that captures, to the fullest possible extent, the experiences of participants.

The Interview Protocol Matrix in Table 42 shows which interview question (IQ) is addressing which research question (RQ).

Table 42: Interview Protocol Matrix

Interview Questions (IQ's)	Research Questions (RQs)				
	1	2	3	4	Background Information
Section 1: General Health Questions 1-12	X	X	X		
Section 2: Occupation Factors Questions 1-22	X	X			
Section 3: Occupation-Home Questions 1-13		X			
Section 4: Home-Occupation Questions 1-6			X		
Section 5: Managers Interest and Hobbies Questions 1-7				X	
Section 6 : Bibliographical Data Questions 1-10; 1-6; 1					X

Source: Adapted from Castillo-Montoya 2016



As referred to in Sub-sections 6.3.1.1 - 6.3.1.5, the respective phases of the interview and sections of the questionnaire with the corresponding purpose, opening explanation and relevant dimensions are described as follows.

#### Section 1- General Health (to address RQs 1, 2, 3)

Opening statement and explanation:

‘This part of the questionnaire relates to your general health over the past six weeks or so. Identify the answer which you think most accurately applies to you. It is important to answer as accurately and honestly as you can’.

12 questions were used for this section; some sample questions were:

- *been able to concentrate*
- *lost much sleep over worry” etc.*

The GHQ 12-Item scale (Goldberg 1978) was used to measure the psychological health of the hotel managers.

#### Section 2 - Occupational Factors (to address RQs 1, 2)

Opening statement and explanation:

‘Various occupational factors at work can be the source of pressure for people at a given time. For each of the factors below, indicate the extent to which each of the following factors is a source of pressure for you’.

22 questions/dimensions were used for this section; the sample questions administered were:

- *style of management of your immediate superior*
- *lack of personal advancement” etc.*

Section 3 - Occupational-Home Interface: Work factors which affect life adversely at home (to address RQ 2)

Opening statement and explanation:

‘To what extent do these work factors affect your life adversely at home.

Indicate your views using the scale below’.

In this section, to address RQ 2, 13 questions were used. Some sample questions that were used are stated below:

- *being cut off from the family*
- *volume of work load” etc.*

Section 4 - Home-Occupational Interface: Home factors which affect life adversely at work (to address RQ 3)

Opening statement and explanation:

‘In your personal experience, to what extent do the following home/domestic factors affect your life adversely at work. Use the scale below’.

To address RQ 3, 6 questions were administered such as:

- *lack of stability in the family*
- *attitude of partner/spouse to hotel work” etc.*

## Section 5 - Manager Interests and Hobbies (to address RQ 4)

Opening statement and explanation:

‘For each of the following rating scales indicate the number which expresses your views most accurately’.

7 questions were used to address RQ 4 such as:

- *how often do you take time to ‘unwind’ from your job?*
- *how often do you socialise with other hotel colleagues etc.*

## Section 6 - Bibliographical Data (for background information)

Opening statement and explanation:

‘Specific information relating to the manager and his/her family (*gender, age, marital status, education, number of children etc.*) work history/experience (*length of employment, overseas work experience etc.*) and level of responsibility (*degree of seniority within the organisation*)’.

For the main survey, the selected respondents were middle and senior executives from small, medium and large resort hotel establishments. The demographics, sampling procedures and other details are lengthily described in Section 5.8 and Sub-section 5.8.4.

10 independent and experienced interviewers were selected and the purpose of this specific research exercise and administration of the main survey questionnaire (Appendix 3) explained to them.

Further explanation to the respondents was provided in the Introductory Note - “the aim of this Questionnaire is to examine the stress phenomenon among managers working in the hotel industry in Mauritius. Hence, it will address specific factors and variables in view of assessing the nature and level of stress that may be experienced by the Hotel Managers”. The training of interviewers is especially important in order to reduce the likelihood of interviewer variability and bias in the asking of questions, which is a potential source of error (Bryman 2012).

Personal questions about age, social background, and so on were not asked at the beginning of an interview in order not to digress and depart from the very objective of the research and purpose of the questionnaire. Rather the questions were in relation to the research dimensions, namely: general health, occupational factors, occupation-home interface, home-occupation interface and manager interest and hobbies. These were further expressed in the language of the participant interviewee with formulated theoretical language being avoided (Brinkmann and Kvale 2015).

The detailed statistical analyses of the data collected are referred to in Section 7.5.

## **7.5 Data Analysis and Findings**

The section presents the data analysis and empirical findings of this study. The analyses are conducted using the statistical technique described and discussed in Chapter 5.

This chapter follows the widely accepted reporting style of PLS-SEM analysis as suggested by previous studies (Chin 2010).

First, the validity and reliability of the measurement model is assessed. After assessing the quality of the measurement model, then the structural model is validated.

### *7.5.1 Assessing the Measurement Model*

The research model for this study is tested by using a partial least squares structural equation model (PLS-SEM). The SmartPLS M3 software package (Ringle et al. 2004) is used to validate the model for this study. This statistical programme assesses the psychometric properties present in the measurement model and estimates the parameters of the structural model.

As discussed in Chapter 5, the reliability of the measurement model for this study is evaluated using standard measures of internal consistency, reliability and suggested threshold indicator values, with validity being established through inspection of accepted measures for convergent validity and discriminant validity. The following sub-sections present the findings for each

of the analyses used to evaluate the validity of the measurement model for this study.

### 7.5.2 Internal Consistency Reliability

A measurement model has satisfactory internal consistency reliability when the composite reliability (CR) of each construct exceeds the threshold value of 0.7. Table 43 shows that the CR of each construct for this study ranges from 0.832 to 0.883 and this is above the recommended threshold. Thus, the results indicate that the items used to represent the constructs have satisfactory internal consistency reliability.

Table 43: Validity

	Average Variance Extracted (AVE)	Composite Reliability (CR)	Coefficient of Determination (R <sup>2</sup> )	Cronbach	Redundancy
Home - Occupation Interface	0.576	0.843	0.232	0.751	0.027
Manager Interest and Hobbies	0.623	0.832	-	0.697	-
Occupation- Home Interface	0.710	0.880	0.301	0.795	0.211
Occupation	0.654	0.883	-	0.824	-
Psychological Health	0.537	0.853	0.160	0.785	0.006

### *7.5.3 Indicator Reliability*

The indicator reliability of the measurement model is assessed by examining the item loadings onto the designated constructs. A measurement model is said to have satisfactory indicator reliability when each item's loading is at least 0.7, in magnitude, and is significant at the 0.05 level.

Except for D1 (0.690) and D6 (0.682), all items in the measurement model exhibit loadings exceeding 0.700 - ranging from a lower bound of 0.701 to an upper bound of 0.870 as reflected in Table 45. These results show that all items used for this study have demonstrated satisfactory indicator reliability.

### *7.5.4 Convergent Validity*

The convergent validity of the measurement model is assessed by examining the average variance extracted (AVE) value for each of the model constructs. Convergent validity is adequate when each construct has an AVE of at least 0.5. Table 43 shows that the constructs have an AVE ranging from 0.537 to 0.710, each exceeding the recommended threshold value (Fornell and Larcker 1981). This result shows that the study's measurement model has demonstrated adequate convergent validity.

### *7.5.5 Discriminant Validity*

The discriminant validity of the measurement model is assessed by using two measures:

- a) Fornell and Larcker's (1981) criterion
- b) Cross loadings of the problem items.

As discussed in Chapter 5, a measurement model has discriminant validity when: 1) the square root of the AVE for each construct exceeds each of its correlations with all of the remaining constructs, and; 2) its indicator loadings are higher on their designated construct than its cross-loadings onto each of the remaining constructs.

Thus, to determine the first assessment of the measurement model's discriminant validity, the AVE value of each construct is calculated using the SmartPLS M3 software package. The square root of the AVE for each construct exceeds the correlations of the construct with the remaining constructs (as seen by the off-diagonal elements in their corresponding row and column for the lower triangle correlation matrix in Table 44). The elements in bold along the lead diagonal in Table 44 represent the square root values of the AVE for the corresponding construct with the lower off-diagonal non-bolded values represent the correlation value between the corresponding constructs. Based on Table 44, all off-diagonal elements have lesser magnitude than the square root values of each of the AVEs, hence, we have evidence from our data that confirms discriminant validity based on the Fornell and Larcker's criterion.



Table 44: Inter-correlation Matrix

	Home-Occupation Interface	Manager Interest and Hobbies	Occupation-Home Interface	Occupation	Psychological Health
Home-Occupation Interface	<b>0.759</b>				
Manager Interest and Hobbies	0.223	<b>0.789</b>			
Occupation-Home Interface	0.432	0.064	<b>0.843</b>		
Occupation	0.320	0.101	0.549	<b>0.809</b>	
Psychological Health	-0.102	0.321	-0.199	-0.116	<b>0.733</b>

The second assessment of discriminant validity is to examine the indicators' loadings on its designated construct and the cross-loadings on the other constructs. The values of the loadings and cross loadings are produced by SmartPLS and are exhibited at Table 45. This shows that all items loaded higher on their respective designated latent variable, compared to other constructs. The table also demonstrates that the loading of each block is higher than any other block in the same rows and columns.

The loadings clearly separate each latent variable as theorised in the conceptual model. Therefore, inspection of the cross loadings further confirmed that discriminant validity is present in the measurement model.

Table 45: Cross Loading Output (Constructs and Indicators) using SmartPLS

	D	E	C	B	A
	<b>Home-Occ Interface</b>	<b>MIH</b>	<b>Occ-Home Interface</b>	<b>Occupation</b>	<b>Psychological Health</b>
D1	<b><u>0.690</u></b>	0.181	0.300	0.245	0.008
D2	<b><u>0.870</u></b>	0.173	0.400	0.306	-0.104
D3	<b><u>0.777</u></b>	0.227	0.328	0.244	-0.045
D6	<b><u>0.682</u></b>	0.081	0.268	0.157	-0.179
E1	0.178	<b><u>0.823</u></b>	0.074	0.148	0.290
E2	0.176	<b><u>0.809</u></b>	0.082	0.104	0.246
E3	0.174	<b><u>0.732</u></b>	-0.011	-0.029	0.219
CP1	0.407	0.143	<b><u>0.803</u></b>	0.505	-0.066
CP2	0.341	0.018	<b><u>0.862</u></b>	0.429	-0.195
CP3	0.339	-0.005	<b><u>0.861</u></b>	0.448	-0.249
BP1	0.288	0.091	0.449	<b><u>0.797</u></b>	-0.019
BP2	0.220	0.128	0.389	<b><u>0.821</u></b>	-0.027
BP3	0.237	0.054	0.398	<b><u>0.764</u></b>	-0.143
BP4	0.282	0.062	0.520	<b><u>0.851</u></b>	-0.174
A1	-0.085	0.194	-0.121	0.000	<b><u>0.718</u></b>
A2	-0.137	0.176	-0.212	-0.107	<b><u>0.757</u></b>
A3	0.035	0.344	-0.033	-0.028	<b><u>0.701</u></b>
A5	-0.134	0.212	-0.182	-0.117	<b><u>0.759</u></b>
A6	-0.060	0.237	-0.182	-0.160	<b><u>0.730</u></b>

Overall, the reliability and validity tests conducted on the measurement model are satisfactory. All tests are confirmed and this is an indicator that the measurement model for this study is valid and fit to be used to estimate parameters in the structural model.

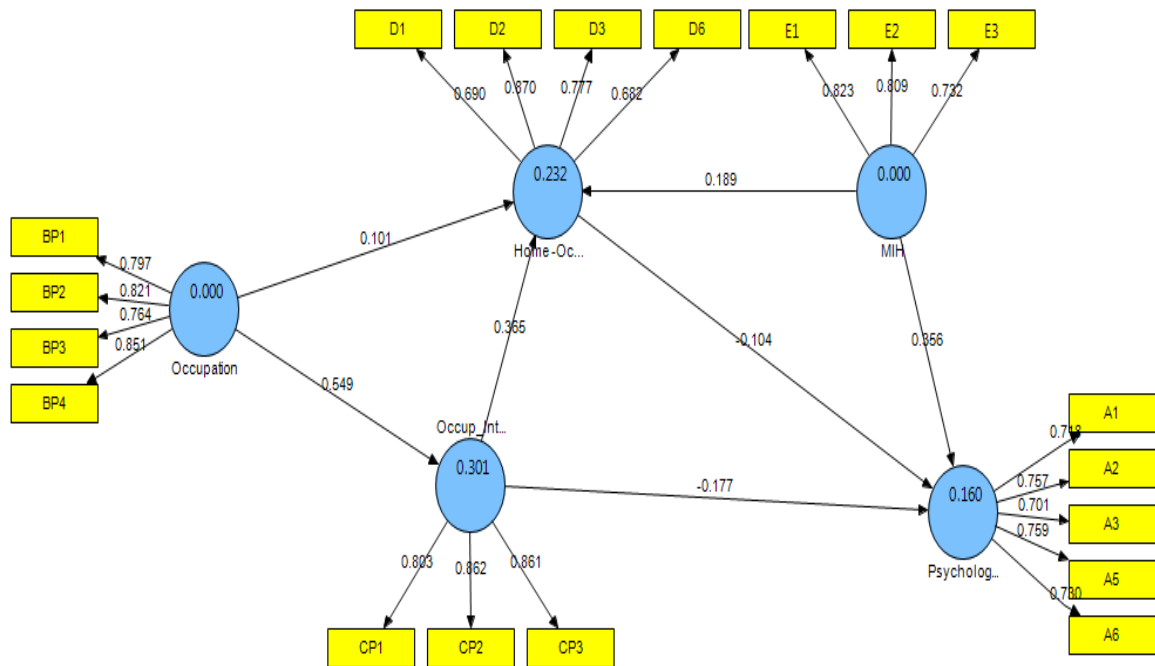
## 7.6 Structural Model

The following sub-sections discuss the tests used to assess the validity of the structural model for this study. As discussed in Chapter 5, the goodness of fit for the structural model is assessed using the coefficient of determination ( $R^2$ ) with the research hypotheses being tested by t-tests of the corresponding path coefficients.

### 7.6.1 Coefficient of Determination ( $R^2$ )

The  $R^2$  values for the exogenous constructs indicate the amount of variance for each that is explained by the relationships with their exogenous impacting constructs. A larger  $R^2$  value therefore indicates a high predictive ability of the structural model. In this study, the SmartPLS M3 software package is used to calculate the  $R^2$  values with bootstrapping being used to establish the t-statistic values for testing of the structural paths and loadings. For this study, and as advocated by Hair et al. (2015), 5000 bootstrap replicates were generated for the 397 cases. The result of fitting the structural model to the data is presented at Figure 29.

Figure 29: Results of the Structural Model



As demonstrated in the structural model, occupational-home interface (Occ-Home), home-occupational interface (Home-Occ) and manager interests and hobbies (MIH) are able to explain 16% of the variance in psychological health (PH).

Meanwhile, Occupation (Occ), Occ-Home and MIH explain 23.2% of the variance in Home-Occ.

On the other hand, 30.1% of the variance in Occ-Home is explained by Occupation.

### 7.6.2 Path Coefficients

Each hypothesised relationship is represented within the structural model by a path connecting the two relevant latent variables. Based on a t-test of each path coefficient, the researcher is able to confirm if the research hypotheses are likely to be true and assess the strength of the various relationships.

Table 46 lists the path coefficients, observed t-statistics, and significance level for all hypothesised paths.

Table 46: Path Coefficients, Observed t-Statistics and Significant Level

	Path Coefficient ( $\beta$ )	Mean BS	Standard Error (SE)	Observed t-Statistics
Home-Occ -> Psychological Health	-0.104	-0.108	0.06	-1.735
MIH -> Home-Occ Interface	0.189	0.191	0.051	3.727***
MIH -> Psychological Health	0.356	0.36	0.052	6.822***
Occ-Home Interface -> Home-Occ Interface	0.365	0.367	0.051	7.125***
Occ-Home Interface -> Psychological Health	-0.177	-0.179	0.058	-3.045
Occupation -> Home-Occ Interface	0.101	0.101	0.057	1.756*
Occupation -> Occ-Home Interface	0.549	0.551	0.038	14.455***

The testing of the proposed hypotheses is discussed in the next sub-section.

### 7.6.3 Hypothesis Testing

Based on previous studies, the path coefficient value needs to be at least 0.1 to account for a certain impact within the model (Hair et al. 2011; Wetzels et al. 2009).

The assessment of the path coefficient, as indicated at Table 46, shows that the proposed hypotheses are supported, with the exception of hypothesis H1 and hypothesis H5. From the analysis, the supported hypotheses are significant at the 0.05 level, and consist of a path coefficient value ( $\beta$ ) ranging from 0.101 to 0.549.

However, there are negative paths/relationships for:

1. Home-Occ Interface  $\rightarrow$  Psychological Health (-0.104) and
2. Occ-Home Interface  $\rightarrow$  Psychological Health (-0.177).

Table 47: Summary of Hypothesis Testing

Hypothesis Statement		Result
H1	Home-Occupation Interface positively influences Psychological Health	Not Supported
H2	Manager Interests and Hobbies positively influence Home-Occupation Interface	Supported

H3	Manager Interests and Hobbies positively influence Psychological Health	Supported
H4	Occupation-Home Interface positively influences Home-Occupation Interface	Supported
H5	Occupation-Home Interface positively influences Psychological Health	Not Supported
H6	Occupational Factors positively influence Home-Occupation Interface	Supported
H7	Occupational Factors positively influence Occupation-Home Interface	Supported

Based on the fitted model: Home-Occ Interface is directly influenced by MIH ( $\beta=0.189$ ,  $t=3.727$ ,  $p<0.001$ ), Occ-Home Interface ( $\beta=0.365$ ,  $t=7.125$ ,  $p<0.001$ ) and Occupation ( $\beta=0.101$ ,  $t= 1.756$ ,  $p< 0.05$ ). As a result, hypotheses H2, H4 and H6 are supported.

From the analysis, Psychological Health (PH) is directly influenced by

Managers Interests and Hobbies (MIH) ( $\beta=0.356$ ,  $t=6.822$ ,  $p<0.001$ ). As a result, hypothesis H3 is also supported.

In addition, and, from the analysis, Occupation-Home Interface is directly influenced by Occupation ( $\beta=0.549$ ,  $t=14.455$ ,  $p<0.001$ ). As a result, hypothesis H7 is supported.

On the other hand, Psychological Health is not directly influenced by Home-Occupation ( $\beta = -0.104$ ,  $t = -1.735$ , not significant) and Occupation-Home Interface ( $\beta = -0.177$ ,  $t = -3.045$ , not significant). As a result, hypotheses H1 and H5 are not supported.

## **7.7 Chapter Summary**

This chapter has described the process of analysis conducted on the measurement and structural model for this research study.

The structural model demonstrated satisfactory reliability and validity measures. In terms of internal consistency, all constructs have composite reliability values of more than 0.7. The hypothesis testing was carried out and the key findings and results are reported and discussed.

The next chapter provides a summary of the main findings and the discussion of the theoretical constructs used in this thesis in connection with the results obtained.



## CHAPTER 8: DISCUSSION OF RESULTS

### Outline of Chapter Eight

8.1	Introduction and Structure of the Chapter
8.2	Overview of the Research
8.3	Summary of Results
8.4	Discussion of Findings
8.5	Chapter Summary

#### 8.1 Introduction and Structure of the Chapter

This chapter presents a discussion of the results and findings of the research study, i.e. how does the research reflect, differ from and extend current knowledge by comparing these findings with other studies previously carried out in the field and in the subject matter literature.

#### 8.2 Overview of the Research

The chosen field and focus of this research is on stress in managers; the context is the hotel industry in Mauritius.

The interest to conduct this research and study is informed and motivated by the possible increasing work pressures on hotel managers as a direct consequence of the rapid growth and fast expanding pace of the tourism and hotel industry in Mauritius.

The objectives of this study are spelled out at the outset and the key research questions are framed. This is followed by the literature search and reference to other studies and research already carried out in the field.

Following the sourcing and collection of the relevant field data and preliminary statistical analyses, the conceptual framework and model crafted for this study was tested with a series of hypotheses.

More advanced analyses, using the PLS-SEM statistical technique, were thereafter carried out; the results of the analyses help to shed light on the research objectives and the series of hypotheses.

#### *8.2.1 Objectives and Aim of the Research Study*

As already stated, the main research objectives for this study of stress in managers in the hotel industry in Mauritius are to:

1. establish the relationship between pressure from occupational factors and the psychological health of hotel managers
2. investigate whether pressure from occupational factors and occupational-home interaction impacts the psychological health of the managers
3. investigate whether pressure from home factors and home-occupation interaction impacts hotel managers' psychological health

4. establish the relationship between manager interests and hobbies and home-occupation interface, on the one hand, and manager interests and hobbies and health, on the other hand.

The research aims to contribute to the body of knowledge relating to stress in managers in the hotel industry and, in particular, address the gap in the existing literature on work-related stress and the psychological health of hotel managers.

This study sets out to achieve this aim by initially formulating a conceptual model that explains the possible relationships between work and health, work-home interface and health, and home-work interface and health as well as the relationship between manager interests and hobbies and home-occupation interface, and manager interests and hobbies and psychological health.

#### *8.2.2 Research Phases*

The research study is structured in five inter-related phases as referred to also in Chapter 1.

Table 48: Research and Thesis Structure

<b>Conceptualisation</b>	the overall framing of the research and the research question and objectives are stated
<b>Theoretical Framework and Research Context</b>	literature review and a conceptual framework and model based on the literature and field experience and the research context and environment is stated and established
<b>Framework and Methodology</b>	how the study and research instruments used are designed to measure the relationships described by the conceptual model
<b>Analysis and Research Model</b>	statistical methods used to analyse data and detail the results obtained and crafting the structural model
<b>Interpretation and Conclusion</b>	discussion based on the structural model and results of the study and their implications.

Source: Author

The proposed conceptual model above was thereafter investigated; results of the analyses led to the development of a structural model (Chapter 7) used to test the respective hypotheses.

The results of the data analyses have been reported in Chapter 7. The following section (Section 8.3) will summarise and discuss the results in relation to the research objectives of this study.

## 8.3 Summary of Results

### 8.3.1 Analyses Conducted and Results

A total of seven hypotheses were formulated and five hypotheses (i.e., H2, H3, H4, H6, H7) were supported and have been upheld by the findings while two hypotheses (i.e., H1 and H5) are not supported.

#### **H1- Home-Occupation Interface and Health.**

The results show that the Home-Occupation interface has a mild negative effect on Health ( $\beta = -0.104$ ,  $t = -1.735$ , n.s), and it does not influence Psychological Health.

#### **H2 – Manager Interests and Hobbies and Home-Occupation Interface**

The survey results reveal the positive effect of Manager Interests and Hobbies on Home-Occupation interface ( $\beta = 0.189$ ,  $t = 3.727$ ,  $p < 0.001$ ).

#### **H3 – Manager Interests and Hobbies and Health**

There is a positive effect of Manager Interests and Hobbies on Psychological Health ( $\beta = 0.356$ ,  $t = 6.822$ ,  $p < 0.001$ ).

#### **H4 – Occupation-Home Interface and Home-Occupation Interface**

The results indicate the positive influence of Occupation-Home interface on Home-Occupation interface ( $\beta = 0.365$ ,  $t = 7.125$ ,  $p < 0.001$ ).

#### **H5 – Occupation-Home Interface and Health**

There is a slight negative effect for Occupation-Home interface on Health ( $\beta = -0.177$ ,  $t = -3.045$ , n.s), that is, Occupation-Home interface does not impact and influence Psychological Health.

#### **H6 – Occupation and Home-Occupation Interface**

There is a positive effect of Occupation on Home-Occupation interface ( $\beta = 0.101$ ,  $t = 1.756$ ,  $p < 0.05$ )

#### **H7 – Occupation and Occupation-Home Interface**

The findings show the positive influence of Occupation on Occupation-Home interface ( $\beta = 0.549$ ,  $t = 14.455$ ,  $p < 0.001$ ).

### **8.4 Discussion of Findings**

These findings are now discussed in greater depth in relation to the extant literature and knowledge in the field.

- Discussion of Results for H1 and H5

The research findings demonstrate that there is mild negative relationship between the Home-Occupation interface and Psychological Health, on the one hand, and between the Occupation-Home interface and Psychological Health on the other.

The findings and outcome of the research relating to the relationship between the Home-Occupation and Occupation-Home interfaces and Health, therefore, indicate that work exigencies and pressure do not impact hotel managers' psychological health.

Previous theoretical studies on work-related stress would suggest a positive relationship between occupational factors and work pressures on the one hand, and health, on the other. However, the present empirical study does not find any positive relationship. There is, therefore, a negative association between the interface of home life and work pressure and also the interface of work demand and family life.

This is not consistent with the mainstream literature in the field which indicates that work demands and pressures and their interface with home life, as well as home pressures and their interface with work would affect the psychological health of the managers.

As psychological health is itself a measure of work related stress, it can, therefore, be concluded in this study that the level of stress is not harmful to the health and well-being of the hotel managers.

Various other factors may possibly explain the research findings for H1 and H5. The existing work pressures may not be acute, intense and persistent and so are not harmful to the psychological health of managers in the local hotel industry. It is when the pressure becomes quite intense and persistent that it affects health. According to the HSE (2001), it is when pressure becomes excessive that it loses its initial beneficial effect and becomes harmful and destructive to health.

The CIPD (2009) sustains that stressful situations are characterised by excessive and persistent pressures and stress occurs when this pressure builds up, accumulates and finally becomes excessive, overwhelming and unbearable. This situation inevitably impacts the manager's health and well-being.

In fact, stress is a state which is accompanied by physical, psychological or social complaints or dysfunctions (HSE 2001). Though psychological stress itself is not reckoned as an illness or a disease (EU-OSHA 2002b), it is generally believed that if stress becomes too excessive and prolonged, illness may develop.

For Lazarus and Folkman (1984) and Ostell (1992), stress is viewed as the relationship between the person and the environment that is appraised by the person as taxing or exceeding his resources and endangering his well-being. This happens when the person cannot cope anymore with a given situation or event thus leading to some kind of imbalance. But if the person relates positively to the situation and copes successfully, there are chances that his health would not be affected.

Lazarus (1976), Cox (1978) and Ostell (1991; 1996) have all argued that a situation is not stressful per se; it is rather the perception and appraisal of that particular situation or event by the individual manager. It is the way people relate to specific situations and challenges that results in their current state.



While the job demands and pressures which may not be matching their knowledge and ability to cope (WHO 2003c) are a real cause for concern, the physical work environment in itself does not influence the psychological health of hotel managers.

The context and country-specific features and characteristics – that is the mix of “country factors” as opposed to the attributes of a western hotel work setting could also be a determining factor sustaining the findings. This could partly explain the negative relationship between work and health in the study. The local and multi-cultural set up could possibly contribute to the findings of the study. The cultural setting in an island economy is definitely different and has a direct bearing on work, work-home interface and home-work interface and these would not impact health in the same manner. The way people relate to the work factors could be subject to other insular considerations, lifestyles and behaviours. Such characteristics could attenuate the effect of work pressures on health.

Instead of having to exercise emotional labour and deep acting, it is possible that managers are displaying genuine emotions, hospitality and feelings. In such an event, the relationship of work pressure would not affect health.

Due to the traditional and hospitable nature of the Mauritian hotel employee, it can be interpreted that the response of managers to work pressures does not impact health in the same way as compared to other contexts and settings.

The resort environment is different from a standard business type hotel. Work pressures would normally be higher in business hotels thus impacting the health of the hotel managers.

The profile of clients also differs in the resort beach hotels; the clients tend to be more informal and relaxed and less demanding due to the purpose of visit (mainly for vacation); this may have a buffering effect on work pressures and would, therefore, not impact psychological health strongly.

- Discussion of Results for H2 and H3

To a large extent, factors such as the state of our environment and relationships with friends and family have considerable impact on health. Greater support from families, friends and communities is linked to better health.

This result refers to the positive influence and effect of unwinding, socialisation, hobby, membership of social or service club or a combination of these factors on the home-work interface. These activities help the managers to lead a better home life which in turn enable them to cope better with the work demands and pressures.

The interests and activities pursued by the managers (socialisation, hobby, sporting, social or service club) have a positive influence on their health.

There is, therefore, a positive association between manager interests and hobbies and the psychological health of the hotel managers. This finding is in line with the literature in the field.

Social relationships both at work and outside the workplace are most commonly viewed as playing a moderating role; adverse effects of exposure to other psychosocial hazards are more pronounced when relationships provide little support (Cobb and Kasl 1977; Cohen and Willis 1985; House and Wells 1978). Karasek et al. (1981) in a study of over 1,000 male workers in Sweden, showed that support from supervisors and co-workers buffered the effects of job demands on depression and job satisfaction.

- Discussion of Results for H4

The Occupation-Home interface is positively influencing the Home-Occupation interface. This study shows that factors at work and work pressures which are interacting with home life have in turn a positive relationship with the Home-Occupation interface and construct, that is, they affect the quality of the Home-Occupation interface which is in line with the existing literature.

- Discussion of Results for H6 and H7

The research outcome relating to the relationship between Occupational factors and Home-Occupation and Occupation-Home interfaces reveals that the Occupational factors and pressures have a positive influence on both the two interfaces. This finding is consistent with the extant literature in the field.

On the whole, there is substantial scientific evidence to indicate that there is a clear relationship between psychosocial risks and consequences to the individuals' physical, mental and social health - highlighting them as a key public health concern and with clear implication for society at large (Black 2008). The working environment and the nature of work itself are both important influences on health. In recent decades, significant changes, closely linked to the organisation and management of work, have taken place in the world of work. These have resulted in emerging risks and new challenges in the field of occupational health and safety (Leka and Jain 2010).

As the findings of this research are not entirely in alignment with previous empirical studies in the field, the work, health and performance issues referred to in the opening chapter could be the subject of further research and investigation.

## **8.5 Chapter Summary**

The result findings relating to the objectives and questions of the research are discussed in this chapter. In essence, five hypotheses are accepted and the relevant relationships established.

The next chapter will conclude this study on stress in managers in the hotel industry in Mauritius by reviewing the work undertaken and highlighting its contribution.

## CHAPTER 9: CONCLUSION AND FUTURE DIRECTIONS

### Outline of Chapter Nine

9.1	Introduction and Structure of the Chapter
9.2	Summary of Study
9.3	Contribution to Literature
9.4	Contribution to Management
9.5	Limitations of the Research
9.6	Future Research Directions
9.7	Concluding Remarks

### 9.1 Introduction and Structure of the Chapter

The concluding chapter of this research study on “Stress in Managers in the Hotel Industry in Mauritius” describes what has been completed and achieved with regard to the subject area being investigated.

The chapter, therefore, provides an overall view of the research which has been undertaken in line with the knowledge gap in the field and the research objectives for this study.

The chapter summarises the research study describing the process from the very inception and scoping of the study ending with the results and the discussions of the research findings and their relevance.

It then discusses the contribution of the research to knowledge and the literature. The contribution of this research study to management is also documented in the chapter.

Some of the possible shortcomings of the study are highlighted and possible areas of future research and new directions are proposed before concluding with some overall observations and final remarks.

## **9.2 Summary of the Study**

This section summarises the process and steps undertaken for the research study on “Stress in Managers in the Hotel Industry in Mauritius”.

The contemporary tourist and hospitality world is characterised today by work pressure as a result of the changing hotel work environment, the challenges of the industry and the imperative to outperform the competition.

Statistics and figures demonstrate that, in general, stress is increasing and, it must be ensured that the relevant skills and resources are available both at the individual and organisational levels to cope with this new state of affairs even though the results of this study currently reveal a mild and negative influence of work pressure on health in the hotel industry in Mauritius.

As there is no prior research and work known in this field of study, the interest and need to conduct this research were felt in order to address this specific knowledge gap.

The research has been scoped and framed in such a way that it unfolds in a systematic, logical and progressive manner.

The main objectives of the research study were first stated and the research questions spelled out.

It was deemed essential to review the extant literature and previous research in the general field of work-related stress especially in managers at the very outset to establish a strong theoretical foundation for this study.

This was followed by the formulation of the research strategy and design of the appropriate methodology for this research study based on the hotel industry in Mauritius.

In designing the research questionnaire, proven and established measures and scales relating mainly to Occupational factors, Occupational-Home and Home-Occupational interfaces and General Health constructs were selected.

The data was collected using a multi-stage combined method approach. Following the completion of the main survey, the analyses of the data collected were then carried out.

A series of seven research hypotheses pertaining to the research objectives was developed. The hypotheses and the structural model were tested using PLS-SEM analyses.



In the final analyses, five hypotheses were upheld relating mainly to the relationships between Occupation and Home-Occupation interface, Occupation and Occupation-Home interface, Occupation-Home interface and Home-Occupation interface, Manager Interests and Hobbies and Home-Occupation interface, and Manager Interests and Hobbies and Psychological Health.

From the research study on stress in managers, it is established that the Occupational-Home and Home-Occupation interface constructs are not positively related to Health. The Occupation construct demonstrates a positive influence on both the Occupation-Home and Home-Occupation constructs while the Occupation Home interface has a positive relationship with the Home-Occupation Interface. The Manager Interests and Hobbies construct has a significantly positive relationship with both the Home-Occupation interface and the Psychological Health of hotel managers.

The above results and findings were discussed and interpreted in the previous chapter of this study. The implications are quite wide-ranging and multi-fold for policy making, the industry at large, the senior directorate and management of hotel organisations, the HRM profession and the field of psychosocial hazards and work-related stress itself.

The results and the discussion of results as well as their implications for both knowledge and practice are also directly relevant to both the research objectives and the research context.

The contribution of this study to the literature and management is discussed in the following two sections of the chapter, before proposing possible areas of future research and concluding the research study.

### **9.3 Contribution to Literature**

Some of the main findings of the study are new and are, therefore, an addition to the literature.

The negative scores and relationships between Occupation-Home interface and Health and Home-Occupation interface and health sustain that work-related stress is context-specific and situational. The results of the study imply that the findings cannot be generalised and extended to other different settings without taking into consideration factors such as the specificities of the setting, the local context and the cultural make up.

Both the Home-Occupation and Occupation-Home interfaces do not impact the Health of managers in the local hotel industry. This is a new and different research outcome which is not in alignment with the mainstream literature; these results could be due to the managers' predisposition, the specific context and different setting of hotel operations in Mauritius (the local environment, the specific nature of hotel work and the work environment and the predominant resort environment of hotel operations locally) and may be the subject of further study and investigation.

The above findings help in advancing knowledge in the area of psychosocial risks and work-related stress.

The study now enables a better understanding of work pressure in the hospitality industry; it also brings to light the intricate relationships between psychosocial hazards and the psychological health and well-being of hotel managers in the Mauritian tourist and hotel industry.

The research, therefore, bridges the gap in literature and published research about the relationships between pressure from Occupational factors and Health, pressure from the Occupational-Home interface and

Health and pressure from the Home-Occupational interface and Health of hotel managers.

The current research study is an added contribution to previous studies already undertaken and it is aimed at advancing research and knowledge in the field.

#### **9.4 Contribution to Management**

This study has made it possible to obtain the first empirical results and findings ever to be available in the hotel industry and also in Mauritius in the critical area of occupational health relating specifically to:

- a) psychological health and
- b) managers.

There are serious management implications of the findings emerging from this study for both industry practitioners and policy makers.

The study findings have critical implications for practice; the results of the study provide very valid and pertinent data and information that can be used by hotel organisations to better understand the underlying interactions and relationships between the variables under study and thus act to maintain and improve the psychological health and well-being of their managers.

The findings are particularly useful in relation to the promotion of workplace health and stress management and prevention strategies.

The intended management contribution of this study is also based on the need to adopt a preventive approach and implement proactive measures to better manage and mitigate psychosocial risks and hazards in the hotel industry.

Some of the areas that can be identified and for which immediate action must be initiated by industry leaders are:

- the conduct of regular and comprehensive stress audits in the hotels

- the formulation of an industry/organisational work-related stress policy in collaboration with the other partners
- the requirement of 'duty of care' of hotel employers towards their managers and employees, as stipulated in local labour legislation and relevant international labour conventions and codes

This should ensure that all employees and managers are protected from 'unreasonable working conditions,' and the organisation from possible costly litigation

- the carrying out of a health impact assessment (HIA) in the industry with a special emphasis on hotel managers' psychological health and well-being
- the training of managers in specific fields (e.g. stress management, coping and handling of difficult customers and clients) that would assist them to become more resilient in their roles, particularly roles that are especially demanding and taxing on front line hotel operations
- the development of industry and or national standards relating to employee health and well-being for greater awareness, prevention and governance in occupational and employee health. In this respect, the benchmarks and guidelines on standards for the management of work-related stress - Management Standards (HSE 2004b; 2017b; PAS 1010 British Standards Institution-BSI 2011) in the UK and the experience of regional economic communities (EU Framework 2008) and other countries (The National Standard of Canada for the Psychological Health and Safety in the Workplace 2013) in the field

could prove useful. Obviously, there is need to involve national and regulatory standards institutions, industry associations and other stakeholders and knowledgeable bodies in the various stages of development, implementation, certification and auditing of such standards.

## **9.5 Limitations of the Research**

Like any other study, this research has its own limitations and implications - some of the main possible ones are:

- scoping of the research and some of the choices regarding the process of the study
- possible shortcomings in the definition of the constructs and the underlying factors and items used as scales and measures in the questionnaire and survey
- choice and selection of the sample frame and population.

Some of the limitations could also be of an empirical nature.

## **9.6 Future Research Directions**

This section refers to suggested areas of possible research in the future i.e. what further research may be recommended and pursued in the field to advance or explore new and relevant research fields which are related to this study.

A possible area of future research is to extend the findings from the present study by continuing to bridge the psychological health and well-being gap.

Psychological health could be studied and explored further and more extensively in relation to other dimensions, such as size and type of hotels, age, experience and gender.

Another possible field of study for further investment and investigation is the extension of this research study to the other levels and grades of employees in the hospitality industry in Mauritius. This will enable a more comprehensive view of the nature and extent of the problem of work-related stress in the sector and its impact on the hotel employees' psychological health in general. Hence, the future and proposed preventive strategies in this area of general well-being for different occupational grades and levels will then be all-encompassing, mutually-supportive and reinforcing.

Any new research can also uncover and address the reasons behind the different results for some scales of the current study compared with the literature. New considerations and critical dimensions such as context and culture in research settings could then be fully studied and assessed. The same may apply to a small island economy-based setting and context.

A similar study can be envisaged and conducted for the expatriate hotel managers to assess the level of their work-related stress as compared with their local counterparts.

A comparative study of work-related stress and psychological health between a tourist resort environment as opposed to a bureaucratic and impersonal business hotel may also be an interesting potential area of further study and research.

Given the growing size of the working population in the developing countries, more research in the field of stress and psychological health and their likely repercussions is urgently needed in these emerging economies for awareness and prevention purposes.

In view of developing a hospitality research culture, hospitality-based research in specific areas of occupational health relating to employee well-being can also be promoted.

Finally, since the study was carried out from a HRM perspective, human resource development research to better understand the effects and implications of pressure at work and work-related stress on other health indicators at the workplace could be encouraged.

## **9.7 Concluding Remarks**

This research is most timely and it is hoped that it will help consolidate existing systems and practices in order to make the industry a more economically viable proposition in the future.



The study serves as a good research foundation for the hotel industry in comparable environments and societies.

There is a general perception that the tourist and hospitality industry, especially in the resort setting, is 'all glamour'. While this may be true, to a large extent for the majority of clients, the reality is quite different for those hotel managers who are actually driving the operations 'behind the scene'.

Given the conceptual and methodological rigour adopted for this study, it is hoped that the research gap in the field of work-related stress in hotel managers in Mauritius would have been addressed and corrected.

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## **APPENDICES**

### **Appendix 1: Questionnaire A**

#### **1. INTRODUCTION**

The aim of this Questionnaire is to examine the stress phenomenon in managers working in the Hotel Industry in Mauritius. Hence the Questionnaire will address various factors in view of assessing the nature and level of stress that hotel managers live with.

The study is part of an international research programme into stress. All data collected will be used solely for the purpose of understanding stress within the Hotel Industry. Thus, you may rest assured of the absolute confidentiality of your thoughts and opinions.

We are therefore seeking your full co-operation in answering all the questions and in completing all parts of this Questionnaire.

We thank you for your precious collaboration.

## 2 BIOGRAPHICAL DATA

### (a) The Manager and his / her family

For each of the following questions, please indicate (✓) what is applicable to you.

- Q1.** Sex            – Male ..... (1)  
                             – Female..... (2)
- Q2.** Age    21 - 30 ..... (1)  
                             31 – 40 ..... (2)  
                             41 – 50 ..... (3)  
                             51 – 60 ..... (4)  
                             61 and over ..... (5)
- Q3.** Educational Achievement : Secondary ..... (1)  
   : University/Tertiary..... (2)  
   : Professional ..... (3)  
   : Technical / Vocational ..... (4)
- Q4.** Marital Status : Single ..... (1)  
   Married/or in a union ..... (2)  
   Divorced ..... (3)  
   Widowed ..... (4)  
   Separated ..... (5)
- Q5.** If Married, does your spouse work? : Yes ..... (1)  
   : No ..... (2)

- Q6.** If yes, does he / she work? : Occasionally ..... (1)  
: Part / Time ..... (2)  
: Full / Time ..... (3)
- Q7.** If you live with a 'partner' does he/she work Yes ... (1) No ... (2)
- Q8.** Number of Children .....
- Q9.** Number of Children 18 Years old or over .....

**(b) Manager interest and hobbies**

*For each of the following rating scales indicate the number which expresses your views most accurately.*

<b>Very Often</b>	<b>5</b>
<b>Often</b>	<b>4</b>
<b>Not very Often</b>	<b>3</b>
<b>Rarely</b>	<b>2</b>
<b>Never</b>	<b>1</b>

- Q10.** How often do you take time to ‘unwind’ from your job? 5 4 3 2 1
- Q11.** How often do you socialise with other hotel colleagues? 5 4 3 2 1
- Q12.** How often do you participate in any sporting activity? 5 4 3 2 1
- Q13.** What is that activity? .....
- Q14.** Do you have a particular interest or unpaid hobby? Yes .....(1) No..... (2)
- Q15.** If ‘yes’ what is it? .....
- Q16.** Do you belong to any social / service club? Yes ..... (1) No ..... (2)

(c) **Work History/Experience**

- Q17. Present Employer* .....
- Q18. Number of years with present employer* ..... years
- Q19. Accepted classification / rating of your hotel* ..... stars
- Q20. Total length of experience in the hotel industry (Mauritius and abroad)*  
..... years
- Q21. How long have you held a managerial position?* ..... years
- Q22. Average number of hours of work on job each week* ..... hours
- Q23. Have you ever worked in the hotel industry overseas? Yes ..(1) No .. (2)*

(d) **Level of Responsibility**

The following scale refers to the degree of seniority within the organisation

**Very High 5** (e.g General Manager, Deputy or Resident Manager etc.)

**High 4**

**Middle 3**

**Low 2**

**Very Low 1** (e.g Assistant Head Concierge or Assistant Stewarding Supervisor)

- Q24. Give some indication of your seniority within the organisation for which your work?*                      5   4   3   2   1

**3. OCCUPATIONAL FACTORS**

*Various factors at work can prove sources of pressure for people at a given time. What proves a source of pressure for one person, however will not for another. For each the factors below indicate to what extent it is a source of pressure for you.*

<b>Not applicable</b>	<b>6</b>
<b>Very strong source of pressure</b>	<b>5</b>
<b>Strong source of pressure</b>	<b>4</b>
<b>Moderate source of pressure</b>	<b>3</b>
<b>Weak source of pressure</b>	<b>2</b>
<b>Not a source of pressure</b>	<b>1</b>

<b>Q25.</b>	Style of management of your immediate superior	6	5	4	3	2	1
<b>Q26</b>	Lack of personal advancement	6	5	4	3	2	1
<b>Q27.</b>	Interpersonal problems with colleagues	6	5	4	3	2	1
<b>Q28</b>	Physical work environment	6	5	4	3	2	1
<b>Q29.</b>	Factors not under your direct control	6	5	4	3	2	1
<b>Q30</b>	Having to take important decisions	6	5	4	3	2	1
<b>Q31.</b>	Objectives not clearly defined and explained	6	5	4	3	2	1
<b>Q32.</b>	Systems of internal checks and controls (audit & control)	6	5	4	3	2	1
<b>Q33.</b>	Interpersonal problems with superiors	6	5	4	3	2	1
<b>Q34.</b>	Lack of resources generally (material, financial, manpower, etc)	6	5	4	3	2	1
<b>Q35.</b>	Feedback systems (e.g Guest' comments)	6	5	4	3	2	1
<b>Q36.</b>	Pressures of the peak period	6	5	4	3	2	1
<b>Q37.</b>	Long hours on the job	6	5	4	3	2	1
<b>Q38.</b>	Having to stay in hotel's quarters due to nature of job	6	5	4	3	2	1
<b>Q39.</b>	The Duty / Rota Manager system	6	5	4	3	2	1
<b>Q40.</b>	Being permanently 'on call'	6	5	4	3	2	1
<b>Q41</b>	Coping with the unreasonable demands of clients (e.g. ordering a three-course meal at 02:00 a.m)	6	5	4	3	2	1



<b>Q42.</b>	Job insecurity (redundancy threat, redeployment, transfer, etc)	6	5	4	3	2	1
<b>Q43.</b>	Chains of command	6	5	4	3	2	1
<b>Q44.</b>	Quality of communication	6	5	4	3	2	1
<b>Q45.</b>	Insufficient training facilities for your staff members	6	5	4	3	2	1
<b>Q46.</b>	Coping with difficulty and troublesome clients (e.g failure or refusal to settle bills, unreasonable and unjustified claims, etc..)	6	5	4	3	2	1

4. **OCCUPATIONAL - HOME INTERFACE: WORK FACTORS WHICH AFFECT LIFE ADVERSELY AT HOME**

*To what extent do these work factors affect your life adversely at home.  
Indicate your views using the scale below:*

<b>Not applicable</b>	<b>6</b>
<b>Very Highly</b>	<b>5</b>
<b>Highly</b>	<b>4</b>
<b>Moderately</b>	<b>3</b>
<b>Lowly</b>	<b>2</b>
<b>Very lowly</b>	<b>1</b>

<b>Q47.</b>	Being cut off from the family	6	5	4	3	2	1
<b>Q48.</b>	Volume of workload	6	5	4	3	2	1
<b>Q49.</b>	Hours of work	6	5	4	3	2	1
<b>Q50.</b>	Unplanned events at work (e.g late requests, etc...)	6	5	4	3	2	1
<b>Q51.</b>	Relocation and job transfer	6	5	4	3	2	1
<b>Q52.</b>	Lack of further openings / opportunities	6	5	4	3	2	1
<b>Q53.</b>	The fact that there is no team work and spirit	6	5	4	3	2	1
<b>Q54.</b>	Tiredness and fatigue	6	5	4	3	2	1

<b>Q55.</b>	Strict work instruction norms (e.g sales turnover, budgets, etc)	6	5	4	3	2	1
<b>Q56.</b>	Staff problems arising out of scheduling and rosters	6	5	4	3	2	1
<b>Q57.</b>	Regular representation / demands from subordinate staff	6	5	4	3	2	1
<b>Q58.</b>	Interpersonal conflicts	6	5	4	3	2	1
<b>Q59.</b>	Unskilled and untrained staff	6	5	4	3	2	1

**5. HOME – OCCUPATIONAL INTERFACE: HOME FACTORS WHICH AFFECT LIFE ADVERSELY AT WORK**

*In your personal experience to what extent do the following home/domestic factors affect your life adversely at work. Use the scale below:*

<b>Not applicable</b>	<b>6</b>
<b>Very Highly</b>	<b>5</b>
<b>Highly</b>	<b>4</b>
<b>Moderately</b>	<b>3</b>
<b>Lowly</b>	<b>2</b>
<b>Very lowly</b>	<b>1</b>

<b>Q60.</b>	Lack of stability in the family	6	5	4	3	2	1
<b>Q61.</b>	Attitude of partner / spouse to hotel work	6	5	4	3	2	1
<b>Q62.</b>	Lack of ability (you / spouse) to manage your children	6	5	4	3	2	1
<b>Q63.</b>	Recent change / development in family structure (birth / death)	6	5	4	3	2	1
<b>Q64.</b>	Serious health problems in the family	6	5	4	3	2	1
<b>Q65.</b>	Partner's / spouse's own job	6	5	4	3	2	1

## 6. HEALTH AND HABITS

### (a) General Health

*The following part of the questionnaire relates to your health over the past six weeks or so. Identify the answer which you think most accurately applies to you. It is important to answer as accurately and honestly as you can.*

#### HAVE YOU RECENTLY

<b>Q66.</b>	been able to concentrate?	<b>4 More so than usual</b>	<b>3 Same as usual</b>	<b>2 Less so than usual</b>	<b>1 Much less than usual</b>
<b>Q67.</b>	lost much sleep over worry?	<b>4 Not at all</b>	<b>3 No more than usual</b>	<b>2 Rather more than usual</b>	<b>1 Much more than usual</b>
<b>Q68.</b>	felt that you are playing a useful part in things?	<b>4 More so than usual</b>	<b>3 Same as usual</b>	<b>2 Less useful than usual</b>	<b>1 Much less useful</b>
<b>Q69.</b>	felt capable of making decisions about things?	<b>4 More so than usual</b>	<b>3 Same as usual</b>	<b>2 Less so than usual</b>	<b>1 much less capable</b>
<b>Q70.</b>	felt constantly under strain?	<b>4 Not at all</b>	<b>3 No more than usual</b>	<b>2 Rather more than usual</b>	<b>1 Much more than usual</b>
<b>Q71.</b>	felt you couldn't overcome your difficulties?	<b>4 Not at all</b>	<b>3 No more than usual</b>	<b>2 Rather more than usual</b>	<b>1 Much more than usual</b>
<b>Q72.</b>	been able to enjoy your normal day-to-day activities	<b>4 More so than usual</b>	<b>3 Same as usual</b>	<b>2 Less so than usual</b>	<b>1 Much less than usual</b>
<b>Q73.</b>	been able to face up to your problems?	<b>4 More than usual</b>	<b>3 Same as usual</b>	<b>2 Less so than usual</b>	<b>1 Much less than usual</b>
<b>Q74.</b>	been feeling unhappy and distressed?	<b>4 Not at all</b>	<b>3 No more than usual</b>	<b>2 Rather more than usual</b>	<b>1 Much more than usual</b>
<b>Q75.</b>	been losing confidence in yourself?	<b>4 Not at all</b>	<b>3 No more than usual</b>	<b>2 Rather more than usual</b>	<b>1 Much more than usual</b>

<b>Q76.</b>	Been thinking of yourself as a person worthless person	<b>4</b> <b>Not at all</b>	<b>3</b> <b>No more than usual</b>	<b>2</b> <b>Rather more than usual</b>	<b>1</b> <b>Much more than usual</b>
<b>Q77.</b>	been feeling reasonably happy all things considered	<b>4</b> <b>More so than Usual</b>	<b>3</b> <b>Same as usual</b>	<b>2</b> <b>Less so than usual</b>	<b>1</b> <b>Much less than usual</b>

## 7. COPING

*The aim of this section is to find out how people deal with problematic or difficult situations at work.*

Briefly describe a **difficult situation** you have experienced at work in the last six weeks

.....

.....

.....

.....

If, after thinking about your recent work experience you cannot think of an appropriate work situation then a personal, family or financial etc... one will do.

When you were confronted with that difficult situation / problem – How did you feel?

You may choose several feelings if necessary

<b>Angry</b>	<b>1</b>	<b>Confident</b>	<b>4</b>	<b>Helpless</b>	<b>7</b>
<b>Determined</b>	<b>2</b>	<b>Panicky</b>	<b>5</b>	<b>Anxious</b>	<b>8</b>
<b>Depressed</b>	<b>3</b>	<b>Furious</b>	<b>6</b>	<b>Calm</b>	<b>9</b>

**Q79.** Which **one** emotion **best** described your feelings and disposition?

9      8      7      6      5      4      3      2      1

**Q80.** Why did you feel that way?

.....  
.....

**Q81.** Describe how you handled that situation (i.e. what did you do?)

.....  
.....  
.....

You might have done several things: sometimes our actions, however well chosen, do not work for various reasons. Thus, for each action you took, please indicate how effective you feel it was at handling either the situation as a whole, or some aspect of it.

e.g The manager spoke with the receptionist

Effectiveness rating:

The Manager also .....

Effectiveness rating:

Then I .....

Effectiveness rating

**Q82.** How did you handle yourself (e.g if you were upset in some way how did you control / handle your thoughts and feelings?) and how effective were your reactions?

e.g (a) I started  
by.....  
.....  
.....

Effectiveness rating

(b) I did also

.....  
.....  
.....

Effectiveness rating

(c) etc .....

.....  
.....

Effectiveness rating

**Q83.** After the incident had occurred did you do anything to improve matters – what?

.....  
.....

**Q84.** Overall, how do you feel you handled or are handling the problem or troublesome situation? (**Circle one number only**)

VERY WELL 1 2 3 4 5 6 7 NOT WELL AT ALL

**Q85.** To what extent have you experienced **other** troublesome events or problems during the past or so. (**Circle one number only**)

NOT AT ALL 1 2 3 4 5 6 7 VERY MUCH SO

**Could you tell us how you were performing at work during the existence of that problem and thereafter. Rate your performance at work during the existence of that problem and thereafter. Rate your performance with respect of the following:**

<b>Very much Improved</b>	<b>5</b>
<b>Improved</b>	<b>4</b>
<b>Neither Worsened nor Improved</b>	<b>3</b>
<b>Worsened</b>	<b>2</b>
<b>Very much Worsened</b>	<b>1</b>

<b>Q86.</b>	Overall organisation of work	5	4	3	2	1
<b>Q87.</b>	Meeting your objectives	5	4	3	2	1
<b>Q88.</b>	Meeting clients' expectations	5	4	3	2	1
<b>Q89.</b>	Relationship with staff	5	4	3	2	1
<b>Q90.</b>	Relationship with superiors	5	4	3	2	1
<b>Q91.</b>	Relationship with clients	5	4	3	2	1
<b>Q92.</b>	Leading your staff	5	4	3	2	1

**THANK YOU FOR YOUR CO-OPERATION WITH THIS SURVEY.**

## Appendix 2: Questionnaire B

### 1. **INTRODUCTION**

The aim of this Questionnaire is to examine the stress phenomenon in managers working in the Hotel Industry in Mauritius. Hence the Questionnaire will address various factors in view of assessing the nature and level of stress that hotel managers live with.

The study is part of an international research programme into stress. All data collected will be used solely for the purpose of understanding stress within the Hotel Industry. Thus, you may rest assured of the absolute confidentiality of your thoughts and opinions.

We are therefore seeking your full co-operation in answering all the questions and in completing all parts of this Questionnaire.

We thank you for your precious collaboration.



## 2. **BIOGRAPHICAL DATA**

### (a) **The Manager and his/her family**

*For each of the following questions, please indicate (✓) what is applicable to you.*

Sex    – Male                    ..... (1)

          – Female                ..... (2)

Age    21 - 30                    ..... (1)

          31 – 40                    ..... (2)

          41 – 50                    ..... (3)

          51 – 60                    ..... (4)

          61 and over               ..... (5)

Educational Achievement    : Secondary                    ..... (1)

   : University / Tertiary..... (2)

   : Professional                ..... (3)

   : Technical / Vocational ..... (4)

Marital Status                    : Single                        ..... (1)

   Married / or in a union ..... (2)

   Divorced                       ..... (3)

   Widowed                       ..... (4)

   Separated                       ..... (5)

If Married, does your spouse work? : Yes                    ..... (1)

   : No                               ..... (2)

If yes, does he / she work? : Occasionally ..... (1)

: Part / Time ..... (2)

: Full / Time ..... (3)

If you live with a 'partner' does he /she work Yes ... (1) No ..... (2)

Number of Children .....

Number of Children 18 Years old or over .....

**(b) Manager interest and hobbies**

*For each of the following rating scales indicate the number which expresses your views most accurately.*

<b>Very Often</b>	<b>5</b>
<b>Often</b>	<b>4</b>
<b>Not very Often</b>	<b>3</b>
<b>Rarely</b>	<b>2</b>
<b>Never</b>	<b>1</b>

How often do you take time to 'unwind' from your job?      5   4   3   2   1

How often do you socialise with other hotel colleagues?      5   4   3   2   1

How often do you participate in any sporting activity?      5   4   3   2   1

What is that activity? .....

Do you have a particular interest or unpaid hobby? Yes .....(1) No..... (2)

If 'yes' what is it? .....

Do you belong to any social / service club?      Yes ..... (1) No ..... (2)

(c) **Work history/experience**

Present Employer .....

Number of years with present employer ..... years

Accepted classification / rating of your hotel ..... stars

Total length of experience in the hotel industry (Mauritius and abroad)  
..... years

How long have you held a managerial position? ..... years

Average number of hours of work on job each week ..... hours

Have you ever worked in the hotel industry overseas? Yes ... (1) No .. (2)

(d) **Level of Responsibility:**

*The following scale refers to the degree of seniority within the organisation*

**Very High 5** (e.g General Manager, Deputy or Resident Manager etc.)

**High 4**

**Middle 3**

**Low 2**

**Very Low 1** (e.g Assistant Head Concierge or Assistant Stewarding Supervisor)

Give some indication of your seniority within the organisation for which your work?

5 4 3 2 1

**3. OCCUPATIONAL FACTORS**

*Various factors at work can prove sources of pressure for people at a given time. What proves a source of pressure for one person, however will not for another. For each the factors below indicate to what extent it is a source of pressure for you.*

<b>Not applicable</b>	<b>6</b>
<b>Very strong source of pressure</b>	<b>5</b>
<b>Strong source of pressure</b>	<b>4</b>
<b>Moderate source of pressure</b>	<b>3</b>
<b>Weak source of pressure</b>	<b>2</b>
<b>Not a source of pressure</b>	<b>1</b>

Style of management of your immediate superior	6	5	4	3	2	1
Lack of personal advancement	6	5	4	3	2	1
Interpersonal problems with colleagues	6	5	4	3	2	1
Physical work environment	6	5	4	3	2	1
Factors not under your direct control	6	5	4	3	2	1
Having to take important decisions	6	5	4	3	2	1
Objectives not clearly defined and explained	6	5	4	3	2	1
Systems of internal checks and controls (audit & control)	6	5	4	3	2	1
Interpersonal problems with superiors	6	5	4	3	2	1
Lack of resources generally (material, financial, manpower, etc)	6	5	4	3	2	1
Feedback systems (e.g Guest' comments)	6	5	4	3	2	1
Pressures of the peak period	6	5	4	3	2	1
Long hours on the job	6	5	4	3	2	1
Having to stay in hotel's quarters due to nature of job	6	5	4	3	2	1
The Duty / Rota Manager system	6	5	4	3	2	1
Being permanently 'on call'	6	5	4	3	2	1
Coping with the unreasonable demands of clients (e.g. ordering a three-course meal at 02:00 a.m)	6	5	4	3	2	1

Job insecurity (redundancy threat, redeployment, transfer, etc)	6	5	4	3	2	1
Chains of command	6	5	4	3	2	1
Quality of communication	6	5	4	3	2	1
Insufficient training facilities for your staff members	6	5	4	3	2	1
Coping with difficulty and troublesome clients (e.g failure or refusal to settle bills, unreasonable and unjustified claims, etc..)	6	5	4	3	2	1

**4. OCCUPATIONAL - HOME INTERFACE : WORK FACTORS WHICH AFFECT LIFE ADVERSELY AT HOME**

*To what extent do these work factors affect your life adversely at home. Indicate your views using the scale below:*

<b>Not applicable</b>	<b>6</b>
<b>Very Highly</b>	<b>5</b>
<b>Highly</b>	<b>4</b>
<b>Moderately</b>	<b>3</b>
<b>Lowly</b>	<b>2</b>
<b>Very lowly</b>	<b>1</b>

Being cut off from the family	6	5	4	3	2	1
Volume of workload	6	5	4	3	2	1
Hours of work	6	5	4	3	2	1
Unplanned events at work (e.g late requests, etc...)	6	5	4	3	2	1
Relocation and job transfer	6	5	4	3	2	1
Lack of further openings / opportunities	6	5	4	3	2	1
The fact that there is no team work and spirit	6	5	4	3	2	1
Tiredness and fatigue	6	5	4	3	2	1

Strict work instruction norms (e.g sales turnover, budgets, etc)	6	5	4	3	2	1
Staff problems arising out of scheduling and rosters	6	5	4	3	2	1
Regular representation / demands from subordinate staff	6	5	4	3	2	1
Interpersonal conflicts	6	5	4	3	2	1
Unskilled and untrained staff	6	5	4	3	2	1

**5. HOME - OCCUPATIONAL INTERFACE: HOME FACTORS WHICH AFFECT LIFE ADVERSELY AT WORK**

*In your personal experience to what extent do the following home / domestic factors affect your life adversely at work. Use the scale below:*

<b>Not applicable</b>	<b>6</b>
<b>Very Highly</b>	<b>5</b>
<b>Highly</b>	<b>4</b>
<b>Moderately</b>	<b>3</b>
<b>Lowly</b>	<b>2</b>
<b>Very lowly</b>	<b>1</b>

Lack of stability in the family	6	5	4	3	2	1
Attitude of partner / spouse to hotel work	6	5	4	3	2	1
Lack of ability (you / spouse) to manage your children	6	5	4	3	2	1
Recent change / development in family structure (birth / death)	6	5	4	3	2	1
Serious health problems in the family	6	5	4	3	2	1
Partner's / spouse's own job	6	5	4	3	2	1

## 6. HEALTH AND HABITS

### (a) General Health

*The following part of the questionnaire relates to your health over the past six weeks or so. Identify the answer which you think most accurately applies to you. It is important to answer as accurately and honestly as you can.*

#### HAVE YOU RECENTLY

been able to concentrate?	<b>4 More so than usual</b>	<b>3 Same as usual</b>	<b>2 Less so than usual</b>	<b>1 Much less than usual</b>
lost much sleep over worry?	<b>4 Not at all</b>	<b>3 No more than usual</b>	<b>2 Rather more than usual</b>	<b>1 Much more than usual</b>
felt that you are playing a useful part in things?	<b>4 More so than usual</b>	<b>3 Same as usual</b>	<b>2 Less useful than usual</b>	<b>1 Much less useful</b>
felt capable of making decisions about things?	<b>4 More so than usual</b>	<b>3 Same as usual</b>	<b>2 Less so than usual</b>	<b>1 much less capable</b>
felt constantly under strain?	<b>4 Not at all</b>	<b>3 No more than usual</b>	<b>2 Rather more than usual</b>	<b>1 Much more than usual</b>
felt you couldn't overcome your difficulties?	<b>4 Not at all</b>	<b>3 No more than usual</b>	<b>2 Rather more than usual</b>	<b>1 Much more than usual</b>
been able to enjoy your normal day-to-day activities	<b>4 More so than usual</b>	<b>3 Same as usual</b>	<b>2 Less so than usual</b>	<b>1 Much less than usual</b>
been able to face up to your problems?	<b>4 More than usual</b>	<b>3 Same as usual</b>	<b>2 Less so than usual</b>	<b>1 Much less than usual</b>
been feeling unhappy and distressed?	<b>4 Not at all</b>	<b>3 No more than usual</b>	<b>2 Rather more than usual</b>	<b>1 Much more than usual</b>

been losing confidence in yourself?	<b>4</b> <b>Not at all</b>	<b>3</b> <b>No more than usual</b>	<b>2</b> <b>Rather more than usual</b>	<b>1</b> <b>Much more than usual</b>
Been thinking of yourself as a person worthless person	<b>4</b> <b>Not at all</b>	<b>3</b> <b>No more than usual</b>	<b>2</b> <b>Rather more than usual</b>	<b>1</b> <b>Much more than usual</b>
been feeling reasonably happy all things considered	<b>4</b> <b>More so than Usual</b>	<b>3</b> <b>Same as usual</b>	<b>2</b> <b>Less so than usual</b>	<b>1</b> <b>Much less than usual</b>

**THANK YOU FOR YOUR CO-OPERATION WITH THIS SURVEY.**



## **Stress in Managers in the Hotel Industry**

### **SURVEY**

#### **OBJECTIVE AND PURPOSE**

This survey is part of a research study into stress.

The aim of this Questionnaire is to examine the stress phenomenon among Managers working in the Hotel Industry in Mauritius. Hence, it will address specific factors and variables in view of assessing the nature and level of stress that may be experienced by Hotel Managers.

All data collected will be used solely for the purpose of understanding stress within the Hotel Industry.

Participation is anonymous and you may rest assured of the absolute confidentiality of your responses. No names of hotels or individuals will appear anywhere in the results.

We are, therefore, inviting you to participate in the survey and seeking your full co-operation in completing all parts of this Questionnaire.

Thank you for your precious collaboration.

**SECTION 1: Health****General Health**

**This part of the questionnaire relates to your general health over the past six weeks or so. Identify the answer which you think most accurately applies to you. It is important to answer as accurately and honestly as you can.**

Have you recently

been able to concentrate?	<b>1</b> <b>Much less than usual</b>	<b>2</b> <b>Less so than usual</b>	<b>3</b> <b>Same as usual</b>	<b>4</b> <b>More so than usual</b>
lost much sleep over worry?	<b>1</b> <b>Much more than usual</b>	<b>2</b> <b>Rather more than usual</b>	<b>3</b> <b>No more than usual</b>	<b>4</b> <b>Not at all</b>
felt that you are playing a useful part in things?	<b>1</b> <b>Much less useful</b>	<b>2</b> <b>Less useful than usual</b>	<b>3</b> <b>Same as usual</b>	<b>4</b> <b>More so than usual</b>
felt capable of making decisions about things?	<b>1</b> <b>much less capable</b>	<b>2</b> <b>Less so than usual</b>	<b>3</b> <b>Same as usual</b>	<b>4</b> <b>More so than usual</b>
felt constantly under strain?	<b>1</b> <b>Much more than usual</b>	<b>2</b> <b>Rather more than usual</b>	<b>3</b> <b>No more than usual</b>	<b>4</b> <b>Not at all</b>
felt you couldn't overcome your difficulties?	<b>1</b> <b>Much more than usual</b>	<b>2</b> <b>Rather more than usual</b>	<b>3</b> <b>No more than usual</b>	<b>4</b> <b>Not at all</b>
been able to enjoy your normal day-to-day activities?	<b>1</b> <b>Much less than usual</b>	<b>2</b> <b>Less so than usual</b>	<b>3</b> <b>Same as usual</b>	<b>4</b> <b>More so than usual</b>
been able to face up to your problems?	<b>1</b> <b>Much less than usual</b>	<b>2</b> <b>Less so than usual</b>	<b>3</b> <b>Same as usual</b>	<b>4</b> <b>More than usual</b>
been feeling unhappy and distressed?	<b>1</b> <b>Much less than usual</b>	<b>2</b> <b>Less so than usual</b>	<b>3</b> <b>Same as usual</b>	<b>4</b> <b>More than usual</b>
been losing confidence in yourself?	<b>1</b> <b>Much less than usual</b>	<b>2</b> <b>Less so than usual</b>	<b>3</b> <b>Same as usual</b>	<b>4</b> <b>More than usual</b>
Been thinking of yourself as a person worthless person?	<b>1</b> <b>Much less than usual</b>	<b>2</b> <b>Less so than usual</b>	<b>3</b> <b>Same as usual</b>	<b>4</b> <b>More than usual</b>
been feeling reasonably happy all things considered?	<b>1</b> <b>Much less than usual</b>	<b>2</b> <b>Less so than usual</b>	<b>3</b> <b>Same as usual</b>	<b>4</b> <b>More than usual</b>

## SECTION 2: Occupational Factors

Various factors at work can be the source of pressure for people at a given time. For each of the factors below, indicate the extent to which each of the following factor is a source of pressure for you.

	Not a source of pressure	Weak source of pressure	Moderate source of pressure	Strong source of pressure	Very strong source of pressure
1. Style of management of your immediate superior	1	2	3	4	5
2. Lack of personal advancement	1	2	3	4	5
3. Interpersonal problems with colleagues	1	2	3	4	5
4. Physical work environment	1	2	3	4	5
5. Factors not under your direct control	1	2	3	4	5
6. Having to take important decisions	1	2	3	4	5
7. Objectives not clearly defined and explained	1	2	3	4	5
8. Systems of internal checks and controls (audit & control)	1	2	3	4	5
9. Interpersonal problems with superiors	1	2	3	4	5
10. Lack of resources generally (material, financial, manpower, etc)	1	2	3	4	5
11. Feedback systems (e.g Guest' Comments)	1	2	3	4	5
12. Pressures of the peak period	1	2	3	4	5
13. Long hours on the job	1	2	3	4	5
14. Having to stay in hotel's quarters due to nature of job	1	2	3	4	5

15. The Duty/Rota Manager system	1	2	3	4	5
16. Being permanently 'on call'	1	2	3	4	5
17. Coping with the unreasonable demands of clients (e.g. ordering a three-course meal at 02:00 a.m)	1	2	3	4	5
18. Job insecurity (redundancy threat, redeployment, transfer, etc)	1	2	3	4	5
19. Chains of command	1	2	3	4	5
20. Quality of communication	1	2	3	4	5
21. Insufficient training facilities for your staff members	1	2	3	4	5
22. Coping with difficulty and troublesome clients (e.g failure or refusal to settle bills, unreasonable and unjustified claims, etc..)	1	2	3	4	5

**SECTION 3: Occupational-Home Interface: Work Factors which affect life adversely at home.**

**To what extent do these work factors affect your life adversely at home. Indicate your views using the scale below:**

	Very lowly	Lowly	Moderately	Highly	Very highly
1. Being cut off from the family	1	2	3	4	5
2. Volume of workload	1	2	3	4	5
3. Hours of work	1	2	3	4	5
4. Unplanned events at work (e.g late requests, etc...)	1	2	3	4	5
5. Relocation and job transfer	1	2	3	4	5
6. Lack of further openings/opportunities	1	2	3	4	5
7. The fact that there is no team work and spirit	1	2	3	4	5

8. Tiredness and fatigue	1	2	3	4	5
9. Strict work instruction norms (e.g sales turnover, budgets, etc)	1	2	3	4	5
10. Staff problems arising out of scheduling and rosters	1	2	3	4	5
11. Regular representation/demands from subordinate staff	1	2	3	4	5
12. Interpersonal conflicts	1	2	3	4	5
13. Unskilled and untrained staff	1	2	3	4	5

<b>SECTION 4: Home-Occupational Interface: Home factors which affect life adversely at work.</b>					
<b>In your personal experience, to what extent do the following home/domestic factors affect your life adversely at work. Use the scale below:</b>					
	Very lowly	Lowly	Moderately	Highly	Very highly
1. Lack of stability in the family	1	2	3	4	5
2. Attitude of partner/spouse to hotel work	1	2	3	4	5
3. Lack of ability (you/spouse) to manage your children	1	2	3	4	5
4. Recent change/development in family structure (birth/death)	1	2	3	4	5
5. Serious health problems in the family	1	2	3	4	5
6. Partner's/spouse's own job	1	2	3	4	5

## SECTION 5: Manager Interests and Hobbies

**For each of the following rating scales indicate the number which expresses your views most accurately.**

	Never	Rarely	Not very often	Often	Very often
1. How often do you take time to 'unwind' from your job?	1	2	3	4	5
2. How often do you socialise with other hotel colleagues?	1	2	3	4	5
3. How often do you participate in any sporting activity?	1	2	3	4	5
4. What is that activity? .....					
5. Do you have a particular interest or unpaid hobby? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No					
6. If 'yes' what is it?: ..... .....					
7. Do you belong to any social/service club?: <input type="checkbox"/> Yes <input type="checkbox"/> No					

## SECTION 6: Biographical Data

**(a) The Manager and his/her Family**

**For each of the following questions, please indicate (✓) what is best applicable to you.**

1. Your gender (check one):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
2. What is your age group? (check one):	<input type="checkbox"/> 18-24 yrs old <input type="checkbox"/> 35-44 yrs old <input type="checkbox"/> 45-54 yrs old <input type="checkbox"/> 55-64 yrs old	<input type="checkbox"/> 25-34 yrs old <input type="checkbox"/> 65 and above
3. Your highest educational achievement (check one):	<input type="checkbox"/> Secondary Schooling <input type="checkbox"/> University/Tertiary <input type="checkbox"/> Professional <input type="checkbox"/> Technical/Vocational	
4. Marital status (check one):	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Living- in <input type="checkbox"/> Separated
5. If married, does your spouse work? (check one):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If yes, does he/she work? (check one):	<input type="checkbox"/> Occasionally <input type="checkbox"/> Part/Time <input type="checkbox"/> Full/Time	
7. If you live with a "partner" does he/she work? (check one):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Number of children:	.....	

9. Number of children 18 years old or over: .....
10. What is your approximate monthly income? (check one): <input type="checkbox"/> Less than Rs 24,999 <input type="checkbox"/> Rs25,000 to Rs39,999 <input type="checkbox"/> Rs40,000 to Rs59,999 <input type="checkbox"/> Rs60,000 to Rs79,999 <input type="checkbox"/> Rs80,000 to Rs99,999 <input type="checkbox"/> Rs100,000 to Rs 124,999 <input type="checkbox"/> Rs125,000 to Rs149,999 <input type="checkbox"/> Rs150,000 or more
<b>(b) Work History/Experience</b>
<b>Additional Information</b>
1. Length of employment with present employer: ..... years
2. Size of the labour force in your establishment: ..... employees
3. Have you ever worked in the Hotel Industry overseas? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Total length of experience in the Hotel Industry (Mauritius and abroad): ..... years
5. How long have you held a managerial position to date? ..... years
6. Average number of hours of work on job each week: .....

<b>(c) Level of Responsibility</b>					
<b>The following scale refers to the degree of seniority within the organisation</b>					
	Very lowly	Lowly	Moderately	Highly	Very highly
1. Give some indication of your seniority within the organisation for which your work?	1	2	3	4	5

**THANK YOU AGAIN FOR YOUR CO-OPERATION WITH THIS SURVEY.**